


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90190 008 ****61.25

DOCUMENT # F05000003319
 1. Entity Name
 DELTA DENTAL OF RHODE ISLAND, INC.



Principal Place of Business
 10 CHARLES STREET
 PROVIDENCE, RI 02904

Mailing Address
 10 CHARLES STREET
 PROVIDENCE, RI 02904


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40066613



04262006 Chg-NP CR2E037 (11/05)

4. FEI Number
 05-0296998

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NAGLE, JOSEPH S A	
STREET ADDRESS	10 CHARLES STREET	
CITY-ST-ZIP	PROVIDENCE, RI 02904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, PATRICIA A	
STREET ADDRESS	2800 FINANCIAL PLAZA	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRITZ, RICHARD A	
STREET ADDRESS	68 KING STREET	
CITY-ST-ZIP	NORFOLK, MA 02056	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHERRY, KARL	
STREET ADDRESS	10 DORRANCE STREET, SUITE 650	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CORREIA, A. THOMAS	
STREET ADDRESS	2441 PAWTUCKET AVENUE	
CITY-ST-ZIP	EAST PROVIDENCE, RO 02914	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALMON, EDWARD	
STREET ADDRESS	465 WARWICK INDUSTRIAL DRIVE	
CITY-ST-ZIP	WARWICK, RI 02886	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGLE, JOSEPH A	
STREET ADDRESS	10 CHARLES STREET	
CITY-ST-ZIP	PROVIDENCE, RI 02904	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, PATRICIA A	
STREET ADDRESS	2800 FINANCIAL PLAZA	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN SHANLEY	
STREET ADDRESS	10 CHARLES STREET	
CITY-ST-ZIP	PROVIDENCE, RI 02904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASCIOLLA, MARIA M	
STREET ADDRESS	880 MAIN STREET	
CITY-ST-ZIP	EAST GREENWICH, RI 02818	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREIA, A. THOMAS	
STREET ADDRESS	2441 PAWTUCKET AVENUE	
CITY-ST-ZIP	EAST PROVIDENCE, RI 02914	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNER, PHILLIP C	
STREET ADDRESS	P.O. BOX 551	
CITY-ST-ZIP	NARRAGANSETT, RI 02882	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Joseph A. Nagle Date: 4/26/06 Daytime Phone #: (401) 752-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Nagle, President

ATTACHMENT

Document #F05000003319
 DELTA DENTAL OF RHODE ISLAND, INC.

40066619

11. Additions to Officers and Directors in 10

TITLE	D
NAME	BUTLER, FRED K.
STREET ADDRESS	40 WESTMINSTER STREET
CITY-ST-ZIP	PROVIDENCE, RI 02903

TITLE	D
NAME	DELNERO, VINCENT
STREET ADDRESS	5 LAWNACRE DRIVE
CITY-ST-ZIP	GREENVILLE, RI 02828

TITLE	D
NAME	DUFFY, DAVID A.
STREET ADDRESS	275 STONY LANE
CITY-ST-ZIP	N. KINGSTOWN, RI 02852

TITLE	D
NAME	HURD, PAULA
STREET ADDRESS	56 HICKORY DRIVE
CITY-ST-ZIP	EAST GREENWICH, RI 02818

TITLE	D
NAME	IANNAZZI, DONALD S.
STREET ADDRESS	410 SOUTH MAIN STREET
CITY-ST-ZIP	PROVIDENCE, RI 02903

TITLE	D
NAME	MACDONALD, PAUL A.
STREET ADDRESS	1201 ELMWOOD AVENUE
CITY-ST-ZIP	PROVIDENCE, RI 02907

TITLE	D
NAME	MEKRUT, WILLIAM A.
STREET ADDRESS	1301 ATWOOD AVENUE
CITY-ST-ZIP	JOHNSTON, RI 02919

TITLE	D
NAME	PARRILLO, SANDRA
STREET ADDRESS	340 EAST AVENUE
CITY-ST-ZIP	WARWICK, RI 02886

TITLE	D
NAME	PUERINI, STEPHEN J.
STREET ADDRESS	115 BUDLONG ROAD
CITY-ST-ZIP	CRANSTON, RI 02920

TITLE	D
NAME	SANTOS, EDWIN J.
STREET ADDRESS	ONE CITIZENS PLAZA; MAIL STOP: RC1230
CITY-ST-ZIP	PROVIDENCE, RI 02903

TITLE	D
NAME	TADDEI, LEONARD C.
STREET ADDRESS	770 AQUIDNECK AVENUE
CITY-ST-ZIP	MIDDLETOWN, RI 02842



ATTACHMENT

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April 26, 2006

Corporate Office
10 Charles Street
Providence, RI 02904-2208
Phone 401-752-6000

Customer Service
P. O. Box 1517
Providence, RI 02901-1517
Phone 401-752-6100
800-84-DELTA

Fax
401-752-6060

Internet Address
www.deltadentalri.com

VIA OVERNIGHT MAIL
Division of Corporations
2670 Executive Center Circle
Tallahassee, FL 32301

Re: Delta Dental of Rhode Island
2006 Not-For-Profit Corporation Annual Report

To Whom It May Concern:

Please find enclosed the annual report for Delta Dental of Rhode Island and the required \$61.25 fee.

Should you have any questions or require further information, please let me know.

Sincerely,

Melissa Gennari
Director of Compliance

Enclosures