

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90067 013 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

4001402-

04122007 Chg-NP CR2E037 (12/06)

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, 2007

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 <small>See attached for additional deletions</small>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <small>See Attached</small>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAGLE, JOSEPH A 10 CHARLES STREET PROVIDENCE, RI 02904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, PATRICIA A 2800 FINANCIAL PLAZA PROVIDENCE, RI 02903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRITZ, RICHARD A 68 KING STREET NORFOLK, MA 02056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHERRY, KARL 10 DORRANCE STREET, SUITE 650 PROVIDENCE, RI 02903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CORREIA, A. THOMAS 2441 PAWTUCKET AVENUE EAST PROVIDENCE, RO 02914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMON, EDWARD 465 WARWICK INDUSTRIAL DRIVE WARWICK, RI 02886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Richard A Fritz Date: 4/19/07 Daytime Phone #: (401) 752-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A Fritz, Treasurer



ATTACHMENT

40074514

#F05000003319

April 19, 2007

VIA OVERNIGHT MAIL

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Delta Dental of Rhode Island
2007 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. Please note the additional pages attached to provide a full response to questions 10 & 11. The effective dates and reasons for termination of the three Directors that are noted as deleted from our last reporting are as follows:

Thomas A. Correia's term as a Director ended on 5/2/06.
Paul Hurd's term as a Director ended on 5/2/06.
Paul A. MacDonald resigned on 1/30/07.

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

Sincerely,

Melissa Gennari
Director of Compliance

Enclosures

ATTACHMENT

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DELTA DENTAL OF RHODE ISLAND, INC.

40074514

10. Additional Deletions to Officers and Directors in #10 from what was reported in 2006.

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

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

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DELTA DENTAL OF RHODE ISLAND, INC.

ATTACHMENT

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11. Additions to Officers and Directors in 10

TITLE	D
NAME	BUTLER, FREDERICK 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	ASCIOLLA, MARIA M.
STREET ADDRESS	880 MAIN STREET
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	BARNER, PHILLIP C.
STREET ADDRESS	505 DOUGLAS PIKE
CITY-ST-ZIP	SMITHFIELD, RI 02917

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: RC1240
CITY-ST-ZIP	PROVIDENCE, RI 02903

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

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11. Additions to Officers and Directors in 10 (Continued)

TITLE	S
NAME	SHANLEY, KATHRYN
STREET ADDRESS	10 CHARLES STREET
CITY-ST-ZIP	PROVIDENCE, RI 02904