



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90054 037 \*\*\*\*61.25

<b>DOCUMENT # F05000003319</b>					
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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0296998	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	*Please See the Attached Documents for Additions/Changes.	
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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Please See the Attached Documents for Additional Officers and Directors.		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.					
<b>SIGNATURE:</b> 		4/4/08		401-752-6000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

# ATTACHMENT

40061338

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DELTA DENTAL OF RHODE ISLAND, INC.

10. Additional Deletions to Officers and Directors in #10 from what was reported in 2007.

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

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

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11. **Additions** to Officers and Directors in 10 from what was reported in 2007.

TITLE	D
NAME	ASCIOLLA, MARIA M.
STREET ADDRESS	880 MAIN STREET
CITY-ST-ZIP	EAST GREENWICH, RI 02818

TITLE	D
NAME	BARNER, PHILLIP C.
STREET ADDRESS	505 DOUGLAS PIKE
CITY-ST-ZIP	SMITHFIELD, RI 02917

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

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

TITLE	D
NAME	HALL, ALMON C.
STREET ADDRESS	50 KENNEDY PLAZA, 19 <sup>TH</sup> FLOOR
CITY-ST-ZIP	PROVIDENCE, RI 02903-2360

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

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	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 from what was reported in 2007. (Continued)

TITLE	D
NAME	TOLEDO-VICKERS, VANESSA
STREET ADDRESS	330A CHURCH STREET
CITY-ST-ZIP	WOOD RIVER JUNCTION, RI 02894

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



ATTACHMENT

www.deltadentalri.com

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# F05000003319

April 4, 2008

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

Re: Delta Dental of Rhode Island  
2008 Not-For-Profit Corporation Annual Report

To Whom It May Concern:

Enclosed is 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.

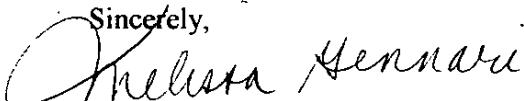
The effective dates and reasons for termination of the two Directors that are noted as deleted from our last reporting are as follows:

*Vincent L. DelNero deceased on 03/05/08.*  
*Stephen J. Puerini term ended on 05/01/07.*

Also, the effective dates of the two Directors that are noted as additions from our last reporting are as follows:

*Almon C. Hall effective as of 04/20/07.*  
*Vanessa Toledo-Vickers effective as of 05/01/07.*

Should you have any questions or require further information, you may contact me at (401) 752-6239 or at [mgennari@deltadentalri.com](mailto:mgennari@deltadentalri.com).

Sincerely,  
  
Melissa Gennari  
Director, Compliance

Enclosures