

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003319

FILED  
Jul 09, 2009  
Secretary of State

Entity Name: DELTA DENTAL OF RHODE ISLAND, INC.

**Current Principal Place of Business:**

10 CHARLES STREET  
PROVIDENCE, RI 02904

**New Principal Place of Business:**

**Current Mailing Address:**

10 CHARLES STREET  
PROVIDENCE, RI 02904

**New Mailing Address:**

FEI Number: 05-0296998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            P            ( ) Delete  
Name:            NAGLE, JOSEPH A  
Address:        10 CHARLES STREET  
City-St-Zip:    PROVIDENCE, RI 02904

Title:            D            ( ) Delete  
Name:            SULLIVAN, PATRICIA A  
Address:        2800 FINANCIAL PLAZA  
City-St-Zip:    PROVIDENCE, RI 02903

Title:            T            ( ) Delete  
Name:            FRITZ, RICHARD A  
Address:        68 KING STREET  
City-St-Zip:    NORFOLK, MA 02056

Title:            C            ( ) Delete  
Name:            SHERRY, KARL  
Address:        10 DORRANCE STREET, SUITE 650  
City-St-Zip:    PROVIDENCE, RI 02903

Title:            D            ( ) Delete  
Name:            ALMON, EDWARD  
Address:        465 WARWICK INDUSTRIAL DRIVE  
City-St-Zip:    WARWICK, RI 02886

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            T            (X) Change ( ) Addition  
Name:            FRITZ, RICHARD A  
Address:        10 CHARLES STREET  
City-St-Zip:    PROVIDENCE, RI 02904

Title:            C            (X) Change ( ) Addition  
Name:            MEKRUT, WILLIAM  
Address:        1301 ATWOOD AVENUE  
City-St-Zip:    JOHNSTON, RI 02919

Title:            D            (X) Change ( ) Addition  
Name:            ALMON, EDWARD  
Address:        465 WARWICK INDUSTRIAL DRIVE  
City-St-Zip:    WARWICK, RI 02887

Title:            AS            ( ) Change (X) Addition  
Name:            GENNARI, MELISSA  
Address:        10 CHARLES STREET  
City-St-Zip:    PROVIDENCE, RI 02904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA GENNARI

AS

07/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date