
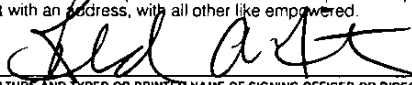


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 05-0296998 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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> | | | | | |
| 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 | D SULLIVAN, PATRICIA A 2800 FINANCIAL PLAZA PROVIDENCE, RI 02903 | <input type="checkbox"/> Delete | | | |
| 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 | C SHERRY, KARL 10 DORRANCE STREET, SUITE 650 PROVIDENCE, RI 02903 | <input type="checkbox"/> Delete | | | |
| 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 | D ALMON, EDWARD 465 WARWICK INDUSTRIAL DRIVE WARWICK, RI 02886 | <input type="checkbox"/> Delete | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <small>See Attached</small> | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Richard A Fritz, Treasurer | | | | | |
| Date 4/19/07 Daytime Phone # (401) 752-6000 | | | | | |



www.deltadentalri.com

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

Document #F05000003319

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 |

Document #F05000003319
DELTA DENTAL OF RHODE ISLAND, INC.

ATTACHMENT

40074514

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 |

Document #F05000003319
DELTA DENTAL OF RHODE ISLAND, INC.

ATTACHMENT

40074514

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 |