


# 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><br>1. Entity Name<br><b>DELTA DENTAL OF RHODE ISLAND, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>10 CHARLES STREET<br/>PROVIDENCE, RI 02904</b>   |  |   | Mailing Address<br><b>10 CHARLES STREET<br/>PROVIDENCE, RI 02904</b> |   |  |
| 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<br><b>05-0296998</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>NAGLE, JOSEPH A</b><br><b>10 CHARLES STREET</b><br><b>PROVIDENCE, RI 02904</b> <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>*Please See the Attached<br/>Documents for Additions/Changes.</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>SULLIVAN, PATRICIA A</b><br><b>2800 FINANCIAL PLAZA</b><br><b>PROVIDENCE, RI 02903</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>FRITZ, RICHARD A</b><br><b>68 KING STREET</b><br><b>NORFOLK, MA 02056</b> <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>C</b><br><b>SHERRY, KARL</b><br><b>10 DORRANCE STREET, SUITE 650</b><br><b>PROVIDENCE, RI 02903</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>ALMON, EDWARD</b><br><b>465 WARWICK INDUSTRIAL DRIVE</b><br><b>WARWICK, RI 02886</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br><b>*Please See the Attached Documents<br/>for Additional Officers and Directors.</b>                |   | TITLE<br>NAME<br>STREET ADDRESS<br>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> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date<br><b>4/4/08</b>  |   | Daytime Phone #<br><b>401-752-6000</b> |

# ATTACHMENT

Document #F05000003319  
DELTA DENTAL OF RHODE ISLAND, INC.

40061338

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  |

# ATTACHMENT

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40061338

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

April 4, 2008

40061338  
# F05000003319

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