RI SOS Filing Number: 200948853430 Date: 08/07/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
94367	Rhode Island Neurological Association		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	One Randall Square, Suite 409	Providence	02904
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

To inform and educate private, state and municipal organizations whose activities affect persons w/neurological disease and to promote the practice of neurology

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Gary L'Europa, M.D.			Peter Bellafiore, M.D.		
Street Address			Street Address		
227 Centerville Road			360 Kingstown Road, Unit 102		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Narragansett	RI	02882
Secretary Name			Treasurer Name		
Arshad Iqbal, M.D.			Norman Gordon, M.D.		
Street Address			Street Address		
4519 Post Road			450 Veteran Memorial Parkway, Suite 11		
City	State	Zip	City	State	Zip
Warwick	RI	02818	East Providence	RI	02914

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name			Director Name		
Gary L'Europa, M.D.			Peter Bellafiore, M.D.		
Street Address			Street Address		
Same as above			Same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Arshad Iqbal, M.D.			Norman Gordon, M.D.		
Street Address			Street Address		
Same as above			Same as above		
City	State	Zip	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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2009 AUG -3 AM 10:55
SECRETARY OF STATE
CORPORATIONS DIV

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2009 AUG -7 AM 11:10
SECRETARY OF STATE
CORPORATIONS DIV

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 94367

FILED
AUG 07 2009
By DS 11:10
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

7/1/09
Signature of Officer *Date*

NORMAN M GORDON
Print or Type Name of Officer

TREASURER
Title of Officer

File Date	FILED
Check No.	AUG 07 2009
By:	By
FOR SECRETARY OF STATE USE ONLY	

[redacted]

Form 631 Rev. 09/17

36609-2-395172