



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. 94367		2. Name of Corporation Rhode Island Neurological Association			
3. State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address One Randall Square, Suite 409		City Providence	Zip 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 Gary L'Europa, M.D.		Vice President Name Peter Bellafiore, M.D.			
Street Address 227 Centerville Road		Street Address 360 Kingstown Road, Unit 102			
City Warwick	State RI	Zip 02886	City Narragansett	State RI	Zip 02882
Secretary Name Arshad Iqbal, M.D.		Treasurer Name Norman Gordon, M.D.			
Street Address 4519 Post Road		Street Address 450 Veteran Memorial Parkway, Suite 11			
City Warwick	State RI	Zip 02818	City East Providence	State RI	Zip 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 Gary L'Europa, M.D.		Director Name Peter Bellafiore, M.D.			
Street Address Same as above		Street Address Same as above			
City	State	Zip	City	State	Zip
Director Name Arshad Iqbal, M.D.		Director Name Norman Gordon, M.D.			
Street Address Same as above		Street Address 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					

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

FILED

AUG 07 2009

By

94367

DS 11:10
09/02/00

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.

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
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