

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 2008

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

penatty jee of \$25.00.								
1. Corporate ID No.	2. Name of Cor	2. Name of Corporation						
94367	Rhode Isla	Rhode Island Neurological Association						
3. State of Incorporation	4. Corporate ad	ldress in Rhode Island - Street 2	Address	City	City Zip			
Rhode Island	One Rand	all Square, Suite 409		Providence	Providence 02904			
5. Foreign corporation. Enter	r principal office addre	255	Chy	State	Zip			
6. Brief Description of the chara	icter of the affairs whi	ch are actually conducted in Ri	bode Island					
7. NAMES AND ADDRES	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS			
President Name			Vice President Name					
Gary L'Europa, M.D.			Vlad Zayas					
Street Address			Street Address					
227 Centerville Road			450 Veteran's Memorial Parkway, Suite 11					
City	State	Zip	Gity	State	Zip	· · · · · · · · · · · · · · · · · · ·		
Warwick	RI	02886	East Providence	RI	02914			
Secretary Name			Treasurer Name					
Arshad Iqbal, M.D.			Carlos Nieto, M.D.					
Street Address			Street Address					
4519 Post Road			300 Toll Gate Road, Suite 301A					
City	State	Zip	City	State	Zip			
Warwick	]RI	02818	Warwick	RI	02886			
8. NAMES AND ADDRES	SSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS			
THE NUMBER OF DIRL	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL N	OT BE LESS THAN THE	EE (3). R.I.	G.L. 7-6-23		
Director Name			Director Name					
Gary L' Europa, M.D.			Vlad Zayas, M.D.					
Street Address			Street Address					
Same as above			Same as above us					
City	State	Zip	City	State	Z#200	(A)		
						, n. 144		
Director Name			Director Name Carlos Nieto, M.D.					
Arshad Iqbal, M.D.		<del> </del>						
Street Address			Street Address					
Same as above			Same as above					
Сйу	State	Ζψ	City	State	2φ	<u> </u>		
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9. REGISTERED AGENT	IN RHODE ISLA	ND			芫	O.S.R.		
This information is curren	atly of record in th	e Office of the Secretary of	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-1		<b>Y</b> E		
<del></del>			*					
This report r	nust be signed by	either the President, Vic	e President, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Tru	stee		

	J 1307
File Date	FILED
Check No.	AUG 0 7 2009
Ry:	By 05 11.10
FO	R SECRETARY OF STATE USE ONLY

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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  $\langle n \rangle$ Signature Print or Type Name of Officer recount Title of Officer

Form 631 Rev. 09/17