



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000057275

2. Name of Corporation THE NEUROLOGY FOUNDATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 110 LOCKWOOD STREET
SUITE 324

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PRACTICE OF NEUROLOGY FOR PATIENTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES M. GILCHRIST, MD	110 LOCKWOOD STREET PROVIDENCE, RI 02903 USA
TREASURER	SYED RIZVI MD	110 LOCKWOOD AVENUE PROVIDENCE, RI 02903 USA
VICE PRESIDENT	GARY D JOHNSON	110 LOCKWOOD STREET PROVIDENCE, RI 02903 USA
VICE PRESIDENT	MICHELLE MELLION MD	110 LOCKWOOD STREET PROVIDENCE, RI 02903 USA
VICE PRESIDENT	JOHN GAITANIS MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	SURIYA JEYAPALAN MD	110 LOCKWOOD STREET PROVIDENCE, RI 02903 USA
VICE PRESIDENT	HEINRICHH ELINZANO MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	JANET L WILTERDINK MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	BRIAN OTT MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	NICHOLAS S. POTTER MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	UZMA SHARIF	110 LOCKWOOD STREET PROVIDENCE , RI 02903 USA
VICE PRESIDENT	MOLLY TRACY MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	HENRY W QUERFURTH MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	JULIE L ROTH MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	GEORGE M SACHS MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	JONATHAN F CAHILL MD	110 LOCKWOOD STREET PROVIDENCE, RI 02903 USA
VICE PRESIDENT	CHARLENE A TATE MD	110 LOCKWOOD ST PROVIDENCE, RI 02903 USA
VICE PRESIDENT	GITA HARAPPANAHALLY	110 LOCKWOOD STREET SUITE 342 PROVIDENCE, RI 02905 USA
DIRECTOR	BRADFORD THOMPSON MD	110 LOCKWOOD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	DAVID MANDELBAUM MD PHD	110 LOCKWOOD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ANDREW BLUM, MD PHD	110 LOCKWOOD STREET PROVIDENCE, RI 02903 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CYNTHIA WARREN ESQUIRE CAMERON & MITTLEMAN 301 PROMENADE STREET PROVIDENCE , RI 02903

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

Signed this 25 Day of June, 2012 at 2:05:35 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES GILCHRIST, MD
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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