RALPH MORE State of	of Rhode Island and Pro Office of the Secreta		Fee: \$20.00		
Secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615			
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: 2013					
1. Corporate ID No. 000034475					
2. Name of Corporation <u>Neurosurgery Foundation, Inc.</u>					
3. State of Incorporation					
State: <u>RI</u>					
4. Corporate Address in Rhode Island					
No. and Street: <u>593 EDDY STREET</u> <u>APC BUILDING, 6TH FLOOR</u>					
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA					
5. Foreign Corporation. Enter I	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					
PROVIDING EDUCATIONAL SERVICES IN THE PRACTICE OF NEUROSURGERY					
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete					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	Address			
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	o Code, Country		
PRESIDENT	G. REES COSGROVE, M.D.	593 EDDY ST., APC BUILD PROVIDENCE, RI 0290			
TREASURER	ADETOKUNBO A OYELESE MD	593 EDDY ST., /	APC 6		

PROVIDENCE, RI 02903 USA

SECRETARY	ELLEN T MATESANZ MHA, MBA	593 EDDY ST., APC 6 PROVIDENCE, RI 02903 USA		
VICE PRESIDENT	CURTIS E DOBERSTEIN MD	593 EDDY ST., APC 6 PROVIDENCE, RI 02903 US		
DIRECTOR	JOHN B. MURPHY, M.D.	RHODE ISLAND HOSPITAL, 593 EDDY STREET PROVIDENCE, RI 02903 USA		
DIRECTOR	GLENN A TUNG MD	BROWN UNIVERSITY, BOX G-A1 PROVIDENCE, RI 02912 USA		
DIRECTOR	ELLEN T MATESANZ MHA,MBA	20 CATAMORE BLVD EAST PROVIDENCE, RI 02914 USA		
8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER				

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

SHERYL D. HANLEY EDWARDS WILDMAN PALMER LLP 2800 FINANCIAL PLAZA PROVIDENCE, RI 02903

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

**Signed this 14 Day of June, 2013 at 11:24:14 AM.** *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 G. REES COSGROVE MD

Signature of Officer of the Corporation

\_\_\_\_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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