



**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:** 2013

**1. Corporate ID No.** 000094367

**2. Name of Corporation** RHODE ISLAND NEUROLOGICAL ASSOCIATION

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: ONE RANDALL SQUARE,  
SUITE 409

City or Town: PROVIDENCE

State: RI Zip: 02904 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**

TO INFORM AND EDUCATE PRIVATE, STATE AND MUNICIPAL ORGANIZATIONS  
WHOSE ACTIVITIES AFFECT PERSONS W/ NEUROLOGICAL DISEASE.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	JOSEPH CENTOFANTI MD	725 RESERVOIR AVENUE #308 CRANSTON, RI 02904 USA
TREASURER	NORMAN GORDON MD	450 VETERAN MEMORIAL PKWY

		E. PROVIDENCE, RI 02914 USA
SECRETARY	ARSHAD IQBAL MD	4519 POST RD WARWICK, RI 02818 USA
ASSISTANT SECRETARY	JEFFREY WISHIK MD	1 RANDALL SQ SUITE 409 PROVIDENCE, RI 02904 USA
VICE PRESIDENT	PETER BELLAFIORE MD	360 KINGSTOWN RD NARRAGANSETT, RI 02882 USA
DIRECTOR	PETER BELLAFIORE MD	360 KINGSTOWN RD NARRAGANSETT, RI 02882 USA
DIRECTOR	NORMAN GORDON MD	450 VETERAN MEMORIAL PKWY E. PROVIDENCE, RI 02914 USA
DIRECTOR	JOSEPH CENTOFANTI MD	725 RESRVOIR AVENUE #308 CRANSTON, RI 02910 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**

JEFFREY WISHIK ONE RANDALL SQUARE, SUITE 409 PROVIDENCE , RI 02904-

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

**Signed this 18 Day of June, 2013 at 9:38:26 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 JEFFREY WISHIK, M.D.  
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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