



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>127168</b>		2. Exact name of the Corporation <b>Rhode Island Neurosurgical Institute, Inc.</b>			
3. Principal office address <b>118 Dudley Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02901</b>
4. Business Phone No.			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To Render Professional Services by Persons Authorized to Practice Medicine in the State of Rhode Island</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Prakash Sampath</b>			Vice-President Name		
Street Address <b>27 Suffolk Way</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02862</b>	City	State	Zip
Secretary Name <b>Prakash Sampath</b>			Treasurer Name <b>Prakash Sampath</b>		
Street Address <b>27 Suffolk Way</b>			Street Address <b>27 Suffolk Way</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02862</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02862</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Prakash Sampath</b>			Director Name		
Street Address <b>27 Suffolk Way</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02862</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

*This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.*

**FILED**

**JAN 28 2014**

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_ BY **6231**

Signature of Authorized Representative \_\_\_\_\_ Date **1/27/14**

**FOR SECRETARY OF STATE USE ONLY**

**Prakash Sampath**  
 Print or Type Name of Authorized Representative