

Form No. 631

Revised: 04/2014

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Entity ID No.	2. Exact n	ILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation				
57275		The Neurology Foundation, Inc				
3. State of Incorporation	4. Brief de	Scription of the charac	ter of business conducted in Rhode	L. I.		
Rhode Island	Acaden	nic Medical Prac	tice	isiand		
5. Principal office address 110 Lockwood Stre	et	<u>, , , , , , , , , , , , , , , , , , , </u>	City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS	NAMES AND ADD	RESSES) ("X" BOX I	OR ATTACHMENT		02903	
1 103IUCHI MAIHE			Vice-President Name		<u>នៅមានដី មានមិនមិន</u> ្តាំ <u>ទើ</u> ន	
Karen L. Furie, MD, MPH Street Address			Andrew Blum, MD, PhD			
110 Lockwood Street			Street Address			
City State Zip			110 Lockwood Street			
Providence	RI	02903	City Providence	State	Zip	
Secretary Name	·	72700	Treasurer Name	RI	02903	
Michelle Mellion, MD			Syed Rizvi, MD			
Street Address			Street Address			
Dudley Street Suite 555			2 Dudley Street Suite 530			
City Providence	State	Zip	City	State	Zip	
	RI	02905	Providence		1-1	
LUST ALL DIRECTORS	(NAMES AND ADD	RESSES), RHODE (SLAND CORPORATIONS MUST L	IST NO LESS THAN	THREE (3) DIRECT	
Director Name		ili, pri julištija sjektoga.			are like are	
Gary D. Johnson, MD			Director Name			
treet Address	-	<u> </u>	George Sachs, MD			
525 Wampanoag Trail Suite 206			Street Address 593 Eddy Street, APC 6			
City	State	Zip	City		1	
ast Providence	RI	02915	Providence	State RI	Zip	
irector Name			Director Name	TNI .	02903	
ulie Roth, MD			David Mandelbaum, MD, PhD			
10 Lockwood Street Suite 346			Street Address			
the state of the s			110 Lockwood Street Suite 346			
rovidence	RI	Zip 02903	City	State	Zip	
REGISTERED AGENT IN		02303	Providence	RI	02903	
nis information is current	ly of record in the	Office of the C				
is report must be signed hi	either the Precider	of Vice-Provident	ary of State. Changes require filing	Form 641.		
Trustee	wo i resider	n, vice-riesiaent, Sec	cretary, Assistant Secretary, Treasure	er, duly Authorized Re	epresentative, Receiv	
28-66-19-93-1-19-68-19-19-19-19-19-19-19-19-19-19-19-19-19-		FILE				
ebak di sareng gurus d		11 JAN 1 0 4	Under penalty of perjury,	declare and affirm	that I have evening	
ile Date	ranalis and a same	JUN 13	All IV and ichord inciding all A	accompanying ech	adulas and saus	
	government producers can't		and that all statements co	ntained herein are t	rue and correct.	
heck No		/ 1/ .~		/1		
rena a mare da esta esta esta esta esta esta esta est	# 15 To 15 BY.	12/5	7 David	A 1. 1.		
Check No Iy: OR Secretary of Sta		12/5	Signature of Officer or Author	Holesle	6-12-14	

Denise A Andrade, MBA FACMPE

Print or Type Name of Officer or Authorized Representative

NON-PRFIT CORPORATION ANNUAL REPORT ADDENDUM THE NEUROLOGY FOUNDATION INC **ENTITY ID: 57275** ADDITIONAL LIST OF OFFICERS 2014

FILED

JUN 1 3 2014 BY TD 5 7275