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: 2014

1. Corporate ID No. 000846836

2. Name of Corporation Association for Internship Training in Clinical Neuropsychology

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 211 BELVEDERE DR.
City or Town: CRANSTON State: RI Zip: 02920 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

AITCN (WWW.AITCN.ORG) IS COMPRISED OF PROGRAMS THAT PROVIDE INTERNSHIP TRAINING IN CLINICAL NEUROPSYCHOLOGY. MEMBER PROGRAMS MUST BE ACCREDITED BY THE AMERICAN OR CANADIAN PSYCHOLOGICAL ASSOCIATIONS (APA OR CPA) AND MUST PROVIDE TRAINEES WITH AT LEAST 25% TRAINING TIME AS WELL AS DIDACTIC EXPERIENCES, AND SUPERVISION IN THE PRACTICE OF CLINICAL NEUROPSYCHOLOGY. THE MISSION OF AITCN IS TO: 1) ADVOCATE FOR AND PROMOTE THE CONCERNS OF INTERNSHIP TRAINING IN CLINICAL NEUROPSYCHOLOGY; AND 2) INFORM NEUROPSYCHOLOGISTS, MEMBERS OF RELATED DISCIPLINES, AND THE GENERAL PUBLIC ABOUT INTERNSHIP EDUCATION AND TRAINING IN CLINICAL NEUROPSYCHOLOGY. AITCN SEEKS NON-PROFIT STATUS IN RI BECAUSE IT'S TREASURER (STEPHEN CORREIA, PH.D.) RESIDES IN THIS STATE.

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Incorporator is no longer applicable; please delete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
INCORPORATOR	STEPHEN CORREIA	211 BELVEDERE DR. CRANSTON, RI 02920 USA
DIRECTOR	CHARLES HINKIN	UCLA SEMEL INSTITUTE, 760 WESTWOOD PLAZA LOS ANGELES, CA 90095 USA
DIRECTOR	JOHN BEAUVAIS	VETERANS AFFAIRS MEDICAL CTR., 950 CAMPBELL AVE. WEST HAVEN, CT 06515 USA
DIRECTOR	BRADLEY AXELROD	VETERANS AFFAIRS MEDICAL CTR., 4646 JOHN R ST. DETROIT, MI 46201 USA
DIRECTOR	NINA HATTIANGADI THOMAS	CHILDREN'S HOSPITAL OF PHIL., 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 USA
DIRECTOR	STEPHEN CORREIA	211 BELVEDERE DR. CRANSTON, RI 02920 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

STEPHEN CORREIA 211 BELVEDERE DRIVE CRANSTON , RI 02920

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

Signed this 18 Day of June, 2014 at 1:17:53 PM by the authorized person. *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 company, 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 STEPHEN CORREIA
Signature of Authorized Person

Form No. 631
Revised 09/07