



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: 2016

1. Corporate ID No. 000085472

2. Name of Corporation International Society for the History of the Neurosciences, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O CT CORPORATION SYSTEM  
450 VETERANS MEMORIAL PARKWAY,  
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914Country: 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

ORGANIZED TO IMPROVE COMMUNICATION AMONG INDIVIDUALS AND ENTITIES  
RELATING TO THE HISTORY OF NEUROSCIENCES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	DR. FRANCOIS BOLLER	4301 MILITARY RD NW WASHINGTON, DC 20015 USA

MEMBER-AT-LARGE	J WAYNE LAZAR	155 KENSINGTON RD GARDEN CITY SOUTH, NY 11530 USA
DIRECTOR	SHERRY GINN	1531 TRINITY CHURCH ROAD CONCORD, NC 28027 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 8 Day of July, 2016 at 2:13:21 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 SHERRY GINN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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