



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. 000308130

2. Name of Corporation Rhode Island Brain & Spine Tumor Foundation, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 118 DUDLEY STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

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 PROVIDE FUNDING FOR THE EDUCATION AND ADVANCED TRAINING OF NEUROSURGICAL FELLOWS WHO WILL SPECIALIZE IN THE TREATMENT OF BRAIN TUMORS AND SPINAL ONCOLOGY AND THE OPERATION OF A BRAIN TUMOR LABORATORY AT ROGER WILLIAMS MEDICAL CENTER IN PROVIDENCE, RHODE ISLAND

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PRAKASH SAMPATH, M.D.,	118 DUDLEY STREET

	RI NEUROSURGIACL INSTITUTE	PROVIDENCE, RI 02905 USA
SECRETARY	JEFFREY ROGG M.D.	RI HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02905 USA
VICE PRESIDENT	EDWARD STOPA M.D.	RI HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	PRAKASH SAMPATH M.D.	RI NEUROSURGICAL 118 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	SENATOR MARY ELLEN GOODWIN	STATE HOUSE PROVIDENCE, RI 02903 USA
DIRECTOR	TINA MEDEIROS	61 GARFIELD STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MATTHEW NETTO	22 ESTEN AVENUE PAWTUCKET, RI 02886 USA
DIRECTOR	CARLY DOMOS	140 MOUNT VERNON STREET, APT. 4 BOSTON, MA 02108 USA
DIRECTOR	ANDREW REIS	102 DIXON STREET PROVIDENCE, RI 02907 USA
DIRECTOR	LAURA HARTLEY	159 JENCKES HILL ROAD LINCOLN, RI 02865 USA
DIRECTOR	JEFFREY ROGG M.D.	RHODE ISLAND HOSPITAL, 593 EDDY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	EDWARD STOPA M.D.	RHODE ISLAND HOSPITAL, 593 EDDY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	MICHAEL ISAACS ESQ.	46 BUNKER HILL LANE EAST GREENWICH, RI 02818 USA
DIRECTOR	DONNA M. NESSELBUSH ESQ.	685 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JON MUKLAND M.D.	SOUTHERN NEW ENGLAND REHAB, 200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	KIM BIGONETTE	RI NEUROSURGICAL, 118 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	MAEVE DARGUSH RNP	120 SPRUCE STREET, APT. 2 PROVIDENCE, RI 02903 USA
DIRECTOR	PHILIP MORIN	11 ELIZABETH COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SURIYA JEYAPALAN M.D.	165 PLEASANT STREET, #213 CAMBRIDGE, MA 02139 USA
DIRECTOR	VAISHALI KHAMAMKAR	26 OXFORD DRIVE FRANKLIN, MA 02038 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**

DEAN G. ROBINSON, ESQ. 670 WILLETT AVENUE EAST PROVIDENCE , RI 02915

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

Signed this 26 Day of July, 2016 at 1:00:47 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 PRAKASH SAMPATH, M.D.
Signature of Authorized Person

Form No. 631
Revised 09/07

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