



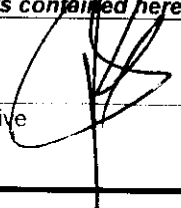
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

STAMP

FOR

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 127168		2. Exact name of the Corporation Rhode Island Neurosurgical Institute, Inc.			
3. Principal Office Address 118 Dudley Street, Bottom Floor			City Providence	State RI	Zip 02906
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island To Render Professional Services by Persons Authorized to Practice Medicine in the State of Rhode Island			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Prakash Sampath			Vice-President Name		
Street Address 27 Suffolk Way			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Prakash Sampath			Treasurer Name Prakash Sampath		
Street Address 27 Suffolk Way			Street Address 27 Suffolk Way		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Prakash Sampath			Director Name		
Street Address 27 Suffolk Way			Street Address		
City Lincoln	State RI	Zip 02865	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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
11. 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. <i>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.</i>					
Name of Authorized Representative Prakash Sampath				Date 2-13-2017	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 27 2017

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