



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

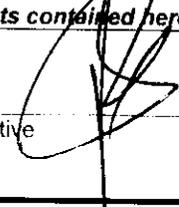
**STAMP**

Annual Report for the year: **2017**

**Corporation**

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

FOR

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

FILED  
**FEB 27 2017**  
 BY **1489**