



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

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 MAR -1 AM 11:07

1. Entity ID Number 103001		2. Exact name of the Corporation Neurosurgery Associates, Inc.			
3. Principal Office Address 1 Davol Square, Suite 302		City Providence		State RI	Zip 02903
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island To practice medicine including the practice of neurosurgery.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Saris			Vice-President Name None		
Street Address 1 Davol Square, Suite 302			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Stephen Saris			Treasurer Name Stephen Saris		
Street Address 1 Davol Square, Suite 302			Street Address 1 Davol Square, Suite 302		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Saris			Director Name		
Street Address 1 Davol Square, Suite 302			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		\$1.00 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.					
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.					
Name of Authorized Representative Stephen Saris					Date
Signature of Authorized Representative 					

FILED
SIGN DOCUMENT HERE

MAR 01 2017

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

By 57003

FORM 630 - Revised: 10/2016