



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.

1. Entity ID Number 133367		2. Exact name of the Corporation Garden City Neurology, Ltd.												
3. Principal Office Address 900 Reservoir Avenue			City Cranston	State RI	Zip 02910									
4. NAICS Code 62 - Health Care and Social As		6. Brief description of the character of business conducted in Rhode Island Practice of medicine												
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 Richard L. Cervone, M.D.			Vice-President Name None											
Street Address 900 Reservoir Avenue			Street Address											
City Cranston	State RI	Zip 02910	City	State	Zip									
Secretary Name Richard L. Cervone, M.D.			Treasurer Name Richard L. Cervone, M.D.											
Street Address 900 Reservoir Avenue			Street Address 900 Reservoir Avenue											
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name n/a			Director Name											
Street Address			Street Address											
City	State	Zip	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 <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No par value												
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 Richard L. Cervone, M.D.				Date 2-14-17										
Signature of Authorized Representative														

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

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