



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:** 2017

**1. Corporate ID No.** 000846836

**2. Name of Corporation** Association for Internship Training in Clinical Neuropsychology

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

**4. Corporate Address in Rhode Island**

No. and Street: 211 BELVEDERE DR.

City or Town: CRANSTON

State: RI

Zip: 02920

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**

AITCN (WWW.AITCN.ORG) IS COMPRISED OF PROGRAMS THAT PROVIDE INTERNSHIP TRAINING IN CLINICAL NEUROPSYCHOLOGY. MEMBER PROGRAMS MUST BE ACCREDITED BY THE AMERICAN OR CANADIAN PSYCHOLOGICAL ASSOCIATIONS (APA OR CPA) AND MUST PROVIDE TRAINEES WITH AT LEAST 25% TRAINING TIME AS WELL AS DIDACTIC EXPERIENCES, AND SUPERVISION IN THE PRACTICE OF CLINICAL NEUROPSYCHOLOGY. THE MISSION OF AITCN IS TO: 1) ADVOCATE FOR AND PROMOTE THE CONCERNS OF INTERNSHIP TRAINING IN CLINICAL

NEUROPSYCHOLOGY; AND 2) INFORM NEUROPSYCHOLOGISTS, MEMBERS OF RELATED DISCIPLINES, AND THE GENERAL PUBLIC ABOUT INTERNSHIP EDUCATION AND TRAINING IN CLINICAL NEUROPSYCHOLOGY. AITCN SEEKS NON-PROFIT STATUS IN RI BECAUSE IT'S TREASURER (STEPHEN CORREIA, PH.D.) RESIDES IN THIS STATE.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	STEPHEN CORREIA	211 BELVEDERE DR. CRANSTON, RI 02920 USA
DIRECTOR	CHARLES HINKIN	UCLA SEMEL INSTITUTE, 760 WESTWOOD PLAZA LOS ANGELES, CA 90095 USA
DIRECTOR	JOHN BEAUVAIS	VETERANS AFFAIRS MEDICAL CTR., 950 CAMPBELL AVE. WEST HAVEN, CT 06515 USA
DIRECTOR	NINA HATTIANGADI THOMAS	CHILDREN'S HOSPITAL OF PHIL., 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 USA
DIRECTOR	STEPHEN CORREIA	211 BELVEDERE DR. CRANSTON, RI 02920 USA
DIRECTOR	CHRISTOPHER GROTE	RUSH UNIVERSITY MEDICAL CENTER CHICAGO, IL 60622 USA
DIRECTOR	BRADLEY ROPER	MEMPHIS VA MEDICAL CENTER MEMPHIS, TN 38104 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**

STEPHEN CORREIA 211 BELVEDERE DRIVE CRANSTON , RI 02920

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

**Signed this 11 Day of June, 2017 at 10:00:02 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 STEPHEN CORREIA  
Signature of Authorized Person

