



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. 000094367

2. Name of Corporation RHODE ISLAND NEUROLOGICAL ASSOCIATION

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: ONE RANDALL SQUARE, SUITE 409

City or Town: PROVIDENCE

State: RI Zip: 02904 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

TO INFORM AND EDUCATE PRIVATE, STATE AND MUNICIPAL ORGANIZATIONS
WHOSE ACTIVITIES AFFECT PERSONS W/ NEUROLOGICAL DISEASE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH CENTOFANTI MD	725 RESERVOIR AVENUE #308 CRANSTON, RI 02904 USA
TREASURER	NORMAN GORDON MD	450 VETERAN MEMORIAL PKWY E. PROVIDENCE, RI 02914 USA
SECRETARY	ARSHAD IQBAL MD	4519 POST RD WARWICK, RI 02818 USA
ASSISTANT SECRETARY	JEFFREY WISHIK MD	1 RANDALL SQ SUITE 409 PROVIDENCE, RI 02904 USA
VICE PRESIDENT	PETER BELLAFIORE MD	360 KINGSTOWN RD NARRAGANSETT, RI 02882 USA
DIRECTOR	PETER BELLAFIORE MD	360 KINGSTOWN RD NARRAGANSETT, RI 02882 USA
DIRECTOR	NORMAN GORDON MD	450 VETERAN MEMORIAL PKWY E. PROVIDENCE, RI 02914 USA
DIRECTOR	JOSEPH CENTOFANTI MD	725 RESRVOIR AVENUE #308 CRANSTON, RI 02910 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**

JEFFREY WISHIK ONE RANDALL SQUARE, SUITE 409 PROVIDENCE , RI 02904

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

Signed this 15 Day of June, 2017 at 3:31:23 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 JEFFREY WISHIK
Signature of Authorized Person

Form No. 631
Revised 09/07