

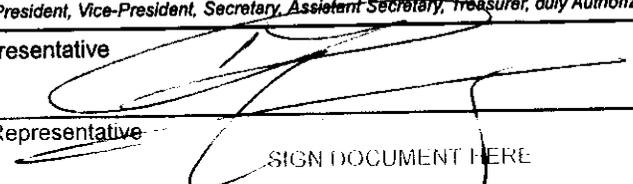


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 34475		2. Exact name of the Corporation Neurosurgery Foundation, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Providing educational services in the practice of neurosurgery			
4. NAICS Code 611310 - Colleges, Universiti					
6. Principal Office Address 593 Eddy Street, APC Building 6th Floor			City Providence	State RI	Zip 02930
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ziya Gokaslan, MD			Vice-President Name Curtis E. Doberstein, MD		
Street Address 593 Eddy Street			Street Address 593 Eddy Street, APC 6		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name			Treasurer Name Adetokunbo A. Ayelese, M.D.		
Street Address			Street Address 593 Eddy Street, APC 6		
City	State	Zip	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John B. Murphy, MD			Director Name Glenn A. Tung, MD		
Street Address Rhode Island Hospital, 593 Eddy Street			Street Address Brown University, Box G-A1		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Curtis E. Doberstein, MD			Director Name Adetokunbo A. Oyelese, MD		
Street Address 593 Eddy Street, APC 6			Street Address 593 Eddy Street, APC 6		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Ziya Gokaslan, MD				Date 6/26/17	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 30 2017

21604

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