



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 01 2018

BY

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| | | | | | |
|---|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 127168 | | 2. Exact name of the Corporation Rhode Island Neurosurgical Institute, Inc. | | | |
| 3. Principal Office Address 118 Dudley Street, Bottom Floor | | | City Providence | State RI | Zip 02906 |
| 4. NAICS Code 621111 | | 6. Brief description of the character of business conducted in Rhode Island To Render Professional Services by Persons Authorized to Practice Medicine in the State of Rhode Island | | | |
| 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 Prakash Sampath | | | Vice-President Name | | |
| Street Address 27 Suffolk Way | | | Street Address | | |
| City Lincoln | State RI | Zip 02865 | City | State | Zip |
| Secretary Name Prakash Sampath | | | Treasurer Name Prakash Sampath | | |
| Street Address 27 Suffolk Way | | | Street Address 27 Suffolk Way | | |
| City Lincoln | State RI | Zip 02865 | City Lincoln | State RI | Zip 02865 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Prakash Sampath | | | Director Name | | |
| Street Address 27 Suffolk Way | | | Street Address | | |
| City Lincoln | State RI | Zip 02865 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued 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. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | 100 | | |
| | | | Common | | |
| | | | No 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 Prakash Sampath | | | | | Date 1/25/18 |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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