



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.

RECEIVED
SECRETARY OF STATE
CORPORATION DIVISION
2018 FEB 21 AM 8:38

1. Entity ID Number 144586		2. Exact name of the Corporation Neuro Development Center, Inc.	
3. Principal Office Address 245 Waterman Street; Suite 200		City Providence	State RI
		Zip 02906	
4. NAICS Code 621330	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PROFESSIONAL SERVICES IN CLINICAL PSYCHOLOGY AND NEURO DEVELOPMENT		
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 Laurence M. Hirshberg, Ph.D.		Vice-President Name	
Street Address 245 Waterman Street; Suite 200		Street Address	
City Providence	State RI	Zip 02906	
Secretary Name Laurence M. Hirshberg, Ph.D.		Treasurer Name Laurence M. Hirshberg, Ph.D.	
Street Address 245 Waterman Street; Suite 200		Street Address 245 Waterman Street; Suite 200	
City Providence	State RI	Zip 02906	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued	
		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 Laurence M. Hirshberg, Ph.D.		Date 2/6/18	
Signature of Authorized Representative 		SIGN DOCUMENT HERE FILED FEB 21 2018 BY [Signature]	

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

FORM 630 - Revised: 10/2016