



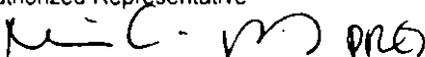
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
 Corporation _____

STAMP

RI
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 75165		2. Exact name of the Corporation Pediatric Neurology, Inc.			
3. Principal Office Address 2138 Mendon Road, Suite 104			City Cumberland	State RI	Zip 02864
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island General practice of medicine.			
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 Maria C. Younes, M.D.			Vice-President Name Maria C. Younes, M.D.		
Street Address 2138 Mendon Road, Suite 104			Street Address 2138 Mendon Road, Suite 104		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Maria C. Younes, M.D.			Treasurer Name Maria C. Younes, M.D.		
Street Address 2138 Mendon Road, Suite 104			Street Address 2138 Mendon Road, Suite 104		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maria C. Younes, M.D.			Director Name none		
Street Address 2138 Mendon Road, Suite 104			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	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 200	CLASS/SERIES common	PAR VALUE 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. <i>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>					
Name of Authorized Representative Maria C. Younes, M.D.					Date 3/11/18
Signature of Authorized Representative  SIGN DOCUMENT HERE FILED					

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

MAR 18 2018
 BY 13934
 DS
 FORM 630 - Revised: 10/2017