



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: **2019**
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
 STATE
 SECRETARY OF
 CORPORATION
 2019 JAN 24 PM 1:08

1. Entity ID Number 001675071			2. Exact name of the Corporation Neurodevelopmental Analysis, Surveillance & Therapeutics P.C.											
3. Principal Office Address 2483 S. County Trail, Ste. E			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 621112	6. Brief description of the character of business conducted in Rhode Island Medical Services													
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 Razi Hasan, M.D., FAAP			Vice-President Name Razi Hasan, M.D., FAAP											
Street Address 2453 South County Trail, Suite E			Street Address 2453 South County Trail, Suite E											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
Secretary Name Razi Hasan, M.D., FAAP			Treasurer Name Razi Hasan, M.D., FAAP											
Street Address 2453 South County Trail, Suite E			Street Address 2453 South County Trail, Suite E											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Razi Hasan, M.D., FAAP			Director Name											
Street Address 2453 South County Trail, Suite E			Street Address											
City East Greenwich	State RI	Zip 02818	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CWP</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CWP	\$0.01			
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1,000	CWP	\$0.01												
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 Razi Hasan, M.D., FAAP				Date 01/22/2019										
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE JAN 24 2019 KL DOOGAS 1:08										

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