



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.

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 621111		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	City	State	Zip
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	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 1/23/19
Signature of Authorized Representative <i>[Signature]</i>					
SIGN DOCUMENT 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

JAN 29 2019

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FORM 630 - Revised: 10/2016