



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

**FILED**

**MAR 15 2019** STAMP  
 BY 12937 DS

**Annual Report for the year: 2018**  
**Non-Profit Corporation**

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>000057275</b>		2. Exact name of the Corporation <b>Brown Neurology</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Practice of Neurology for patients</b>			
4. NAICS Code <b>622110 - General Medical and</b> <input type="checkbox"/>					
6. Principal Office Address <b>593 Eddy Street, APC5</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. List ALL officers (names and addresses) <input type="checkbox"/>					Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/>					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Julie Roth, MD, PHD</b>		Director Name <b>Andrew Blum, MD, PHD</b>			
Street Address <b>593 Eddy Street, APC5</b>		Street Address <b>593 Eddy Street, APC5</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Jonathon Cahill, MD</b>		Director Name <b>Shawna Cutting, MD</b>			
Street Address <b>593 Eddy Street, APC5</b>		Street Address <b>593 Eddy Street, APC5</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative					Date
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

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