



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000794284

2. Name of Corporation Association of Migraine Disorders

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813219

4. Corporate Address in Rhode Island

No. and Street: 28 LANDS END DRIVE

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO RAISE AWARENESS OF THIS ALTERNATIVE DIAGNOSIS AND ALTERNATIVE TREATMENTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FREDERICK GODLEY MD	28 LANDS END DR. NORTH KINGSTOWN, RI 02852 USA
TREASURER	LEIGH SERTH	17 CURRY AVE NEWPORT, RI 02840 USA
SECRETARY	MELISSA RAMOCKI MD	1351 SOUTH COUNTY TRAIL, BLDG #3 EAST GREENWICH, RI 02818 USA
DIRECTOR	FREDERICK GODLEY MD	28 LANDS END DR. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MICHAEL TEIXIDO MD	1941 LIMESTONE ROAD, SUITE 210 WILMINGTON, DE 19808 USA
DIRECTOR	LEIGH SERTH	17 CURRY AVE NEWPORT, RI 02840 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

FREDERICK GODLEY, MD 28 LANDS END DRIVE NORTH KINGSTOWN , RI 02852

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 6 Day of June, 2019 at 3:43:47 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By FREDERICK GODLEY
Signature of Authorized Person

Form No. 631
Revised 09/07