STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

FILED
JUL 14 2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
127168	Rhode Island Neurosurgical Institute, Inc.

3. Street Address Principal Business Office	City	State	Zip
27 Suffolk Way	Lincoln	RI	02865

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-725-4655	Rhode Island	

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSULTING SERVICES RELATING TO THE HEALTHCARE INDUSTRY

8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Prakash Sampath	
Street Address	Street Address
27 Suffolk Way	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
Secretary Name	Treasurer Name
Letitia J. Latek	Prakash Sampath
Street Address	Street Address
1230 Greenwich Avenue	27 Suffolk Way
City / State / Zip	City / State / Zip
Warwick / RI / 02886	Lincoln / RI / 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Prakash Sampath	
Street Address	Street Address
27 Suffolk Way	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT) ☐ **11. SHARES ISSUED** (X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	No Par	100	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 2 7 1 6 8 [redacted]

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.

Signature of Officer *Date*

Prakash Sampath
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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[redacted] [redacted]

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

11/04/04

Signature of Officer *Date*

Prakash Sampath

Print or Type Name of Officer

[redacted]

President

Title of Officer

Form 630 12/01

File Date

Check No.

By:

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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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[redacted] [redacted]

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.

Signature of Officer — *Date* 9/22/03

Prakash Sampath
Print or Type Name of Officer

[redacted]

President
Title of Officer

File Date 10.3.03
Check No. 10100
By: [signature]
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01