

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 34475	2. Name of Corporation Neurosurgery Four				
3. State of Incorporation		Rhode Island -Street Addr	¥11	City	Zip
Rhode Island	1 '	Street, Suite		Providence	02903
5. Foreign corporation: Enter pri			City	State	Zip
6. Brief Description of the charact	er of the offgirs which a	e actually conducted in Rh	node Island		_
Providing Educational		•			
Transfer on America	E grange and the		naganan a∎a ara	19 22 M 1 1 2 2 2 1 1 1 1 1	
President Name			Vice President Name		
John A. Duncan, III	, MD, PhD		.Samuel H. Greenb	olatt, MD	
Street Address			Street Address		
55 Claverick Street	, Suite 100		.55 Claverick St	reet, Suite 100	
City	State	Zip	City	State	Zip
Providence	Rhode Island	02903	.Providence	Rhode Island	02903
Secretary Name			Treasurer Name		
Ellen T. Matesanz			Ellen T. Matesar	12	
Sireei Address			Street Address	_	
55 Claverick Street	:, Suite 100		.55 Claverick Str	reet, Suite 100	
City	State	Zip	Ciry	State	Zip
Providence	Rhode Island	02903	· Providence	Rhode Island	02903
		All Carlos	All Andrews Special Control of the C		
Director Name			Director Name		- G
John A. Duncan, III	I, MD, PhD		Eli Adashi, MD		- 🕦 공원
Street Address	 		_ •	University	<u> </u>
55 Claverick Street	t. Suite 100			ine, 97 Waterman S	t., Box G-Al
City	State	Zip	•City	State	Z _b
Providence	Rhode Island	1 *	Providence	Rhode Island	02902
Director Name	<i> </i>	! <i>.</i>	Director Name		. I : వ≊ : (k) (k) (k)
Joseph Amaral, MD			Samuel H. Green	blatt, MD	÷ 200
Street Address			· Street Address	······································	<u> </u>
RI Hospital, 593 Ed	ddy Street		55 Claverick St	reet, Suite 100	№ <
City	State	Zip	City	State	Zip
Providence	Rhode Island	02903	Providence	Rhode Island	02903
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 d 22 34	$t^{1} \in \{\psi_{0}, \psi_{0}\}, f^{1} \in \mathcal{H}_{L^{1}}$	Report Fred & Longer Sch	Commence of the Contract of the	:
Ageni Name			Address		
Edwards & Angell, LLP					
Address			City	Zip	
2800 Financial Plaza			Providence	92903	
This report must be signed	In ink by either th	e President, Vice Pr	esident, Secretary, Assis	tant Secretary, Treasures	, 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 an statements contained herein are true and correct.

Date

John A. Duncan, III, MD, PhD

Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 6/02

Neurosurgery Foundation, Inc. 2005 Rhode Island Annual Report

Corporate ID: 34475

Additional Director:

Ellen T. Matesanz 55 Claverick Street, Suite 100 Providence, Rhode Island 02903



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

Matthew A. Brown, Secretary of State

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

Corporations Division 100 North Main Street Providence, RI 02903-1335

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

401.222.3040

Form 631 Rev. 04/04

2004

TORN SIUSI BE TIFED OR FR	——————————————————————————————————————	. <u></u>	<u> </u>		
1 Corporate ID No.	2. Name of Corporation	ı			
34475	Neurosurgery Founda	ition, Inc.			
3 State of Incorporation	4 Corporate address in	Rhode Island - Street Address		City	Zip
RHODE ISLAND	55 CLAV	ERICK ST	SUITE 100	Provid	ence 02903
5. Foreign corporation. Enter pri	ncipal office address		City	State	Zip
6 Brief Description of the character	of the affairs which are a	ictually conducted in Rhode Isl	and		
PROVIDING EDUCATIONA	AL SERVICES IN THE	PRACTICE OF NEUROS	SURGERY		
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTACH	IMENT) 🔲 FILL IN SPACES B	EFORE USIN	IG ATTACHMENTS
President Name			Vice President Name		
JOHN A DO	NCAN, III M	o PhD	Samuel H Gr	cablat	t MD
Street Address	. • ,		Street Address		•
55 CLAVE	NICK 57		CITY CLAVEN.	ICK ST	
		Zip	City		·
PROVIDENCE	Ny	02903	Providence	RI	02903
secretary same			Treasurer Name		_
Samuel H	Grewblot	.40	Gerhard M F	richs 1	10
Street Address			Street Address	·	
ST CLAVE	NICK ST		City	1 5T	<u> </u>
City	State	Z(p	City	State	Zip
PROVIDENCE	M	02903	PROUTDENCE	NI	02903
8. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS: ("X" BOX FOR ATTA	CHMENT) TILL IN SPACES I	BEFORE USI	NG ATTACHMENTS
THE NUMBER OF DIRECT	ORS OF A DOMEST	TIC (RHODE ISLAND)	CORPORATION <u>SHALL NOT</u>	BE LESS TH	<u>AN THREE</u> (3). R.I.G.L. 7-6-2
Director Name			Director Name		
John A DUN	ICAN, MD		Bichard Beso	ine MI	·
Street Address		•	Street Address	•	
55 CLAVER	ICK ST		Brown Unive	rs.HV S	Lool of Medicine
City	State	Zip	City	State	Zip
PROVIDENCE	NI	02903	Prov dence	NI	02 906
Director Name			Director Name		
Joseph Am	Aral MD		<u> </u>		
Street Address		,	Street Address		
RI Hospital	-593 Eddx	st			
City	State	Zip	City	State	ZIp
1 Mui Cence	RI	02903	i		
9. REGISTERED AGENT IN	RHODE ISLAND	DO NOT ALTER - Chan	ges require filing of Form (641 - R.I.G.L	. 7-6-13 / 7-6-78
Agent Name			Address		
EDWARDS & ANGELL, LLP					
Address			City:		Zip
2800 FINANCIAL PLAZA			PROVIDENCE		02903
This report must be	signed in ink by ei		President. Secretary, Assistant	Secretary, Tr	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all entements contained hereig File Date _ Signature of Officer Check No. _ Samuel H (
Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Officer



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

*	becievely of sinie				401.222.30
NON-PROFIT	CORPORA	TIONANNIIAI	L REPORT FOR 1	THE VEAR	2003
Filing Period: June 1 -	June 30 • Filin	ig Fee: \$20.00		III I EAR _	
FORM MUST BE TYPED OF	R PRINTED IN BLAC	·K)			
L. Corporate ID No.	2. Name of Corpo	pration		· · · · · · · · · · · · · · · · · · ·	
34475	Neurosurgery F	oundation, Inc.			
3. State of Incorporation	4. Corporate add	ress in Rhode Island - Street A	ddress	City	Zip
RHODE ISLAND	55 CL	AVE RICK ST	SUTTE IND	PROVIDENC	i .
5. Foreign corporation. Enter	principal office addre	ss	City	State	Zip
5. Brief Description of the chai PROVIDING EDUCATI	racter of the affairs whi ONAL SERVICES IN	ich are actually conducted in I I THE PRACTICE OF NEU	Rhode Island. IROSURGERY		
. NAMES AND ADDRESS	SES OF THE OFFIC	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	S REFORE USING AT	TACHMENTS
President Name			Vice President Name	S DE CALL COLLEGIA	TACINA ATTO
John_A_	Duncan, M	0	Samuel H	Greenblott, MD	
Street Address			Street Address		
55 CLAVE	E MICK ST	SUTTE 100	SS CLAUS OF	A ST SUTT	44.1
-uy	State	Zip	SS CLAVERTO	State	Zip
PHOVIDENCE	n _	01903	PROVIDENCE	NI	02903
e cretary trame			Treasurer Name		<u></u>
SAMUEL H. Gr	eenblott, Mi)	Gerhand M	Foreks MD	
Street Address	·		Street Address		
55 CLAVER	7 CM JT		55 CLAVER	ICK ST SUI	16 100
Lity	State	Zip	City	State	Zip
PROVIDENCE	NZ	02903	PROVIDENCE	a r	02903
3. NAMES AND ADDRESS THE NUMBER OF DIR	ES OF THE DIRECTORS OF A DO	TORS ("X" BOX FOR ATT MESTIC (RHODE ISLANI	TACHMENT) FILL IN THE :	SPACES BEFORE USIN OT BE LESS THAN TH	NG ATTACHMENTS IREE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
JOHNA DU	man, DD		Richard Boos	tier Besdine	ຸກງ
	1	to.	Street Address	•	-
55 CLAVERTO	14 3 v 17 0	/00	Brown U	N. 46 K. 74	
_	1	1 '	City	State J	Zip
PLOVIO (~ (+	NZ	02903	Providence	NI	0290.3
JOSEPH AMA	ral MD		Director Name		
- Rhade Isla.	and the second second		Street Address	· · · · · · · · · · · · · · · · · · ·	
PROVIDENCE	State 1	Zip 02903	City	State	Zip
. REGISTERED AGENT I	N RHODE ISLAND	- DO NOT ALTER - Cha	nges require filing of Form 6	41 - R.I.G.L. 7-6-13 / 7-	5-78
gent Name			Address		
H. PETER OLSEN					
ddress			City	Zip	
1500 ELECT CENTER					
1500 FLEET CENTER			PROVIDENCE		02003

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

PROVIDENCE

	* 3 4 4 7 5	*
File Date	Ce.13.03	
Check No	8755	
ByFOR SECRE	TARY OF STATE USE ONLY	

Under penalty of perjury/I declare and affirm that I hav this report, including any accompanying schedules and	statements.	
and that all statements contained lerein are true and co	r/03	
Signature of Officer John A DUNCAN MD PhD	1e-(
Print or/Type Name of Officer 24		
Title of Officer	Form 631	Rev. 6/0

-****** 5



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

Со	rporate ID Number <u>DNP-34475</u>	Annual Report for the year 2002
1.	The name of the corporation is Neurosurge	ery Foundation, Inc.
2.	The state or other jurisdiction under the laws	of which it is incorporated is RHODE ISLAND
3.		corporation in this state is 1500 FLEET CENTER PROVIDENCE, RI
	02903	
	and the name of its registered agent in this	state at that address is H. PETER OLSEN
4.	•	lly conducting in Rhode Island, briefly stated, is <u>prov. de</u>
		the practice of Neurosurgery
5	h a foreign corporation, the address of its pr	incipal office in the state or often jungation under the laws of which it is
6.	Corporate address in Phodo Island	RGERY FOUNDATION, INC.
Ο.	-	5 CLAVERICK ST. Suite 100
7.	Names and addresses of its directors and o	OVIDENCE RI 02903 fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME OFFICE	ADDRESS
n	Donald March equat Medicine Director	Brown University
	Steh Amacal Mo Director	Rhade Island Hospital - President
	Tobe Duncar mp Director	55 CLAVERICK ST Providence NI 02902
	President	
5	amuel Greenblo H MD Vice-Prosident	• • • • • • • • • • • • • • • • • • • •
	Secretary	1,
	Treasurer	4
Da	ted:	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.
		Neurosurgery Foundation, Inc.
	* 3 4 4 7 5 *	Exact Name of Corporation
	FOR SECRETARY OF STATE USE ONLY	By John a Duncan MD. 1
ile	Date: _ 8-5-02	Title Pres. de do (Report must be signed by an officer)
'ho	KNA: TLOCOS	(Report must be signed by an officer)
-110 l	Date: 8-5-02 Sk No.: 7665	Form No. 631 Revised 5/98



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	NON-	PROFIT CORPORATION
Corporate ID Number DN	NP-34475	Annual Report for the year 2001
1. The name of the corpo	oration is Neurosu	irgery Foundation, Inc.
2. The state or other juris	sdiction under the k	aws of which it is incorporated is RHODE ISLAND
_		ne corporation in this state is 1500 FLEET CENTER PROVIDENCE, RI
and the name of its re	egistered agent in t	his state at that address is H. PETER OLSEN
		tually conducting in Rhode Island, briefly stated, is
- Praviding	educational	services in the practice of Neurosurgery
		principal office in the state or other jurisdiction under the laws of which it is
6. Corporate address in	Rhode Island	S5 CLAVERICK ST SUITE 100
	71	CONTRENCE RT 02903
		d officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
NAME	OFFICE	ADDRESS
Donald Marsh, M	<u>O</u> Director	Brown University - Dear of Medicine
Joseph Amount	<u>∨v</u> Director	Rhode Island Hospital - President
Mel H. Epste. ~	<u>, M ∩</u> Director	55 CLAVEATER ST PROV RT 02903
١,	President	
	Vice-Preside	ent
Samuel Great	H MD Secretary	Memorial Hospital - Neurosungery
John DUNGON	MO_Treasurer	55 CLAVERICK ST- Prov. RI 02903
Dated:		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.
		Neurosurgery Foundation, Inc.
		Exact Name of Corporation
FOR SECRETARY OF STATE	USE ONLY	By I May 1
File Date:	601	Title President
Check No.: 63		Title <u>Yes: 'de t</u> (Report must be signed by an officer)
CHECK MO.: CP-	id /	(Laborr uner pa signad by six ourcar)

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

	NON-	PROFIT CORPORATION
Corporate ID Number <u>DN</u>	P-34475	Annual Report for the year 2000
1. The name of the corpo	ration is Neurosur	rgery Foundation, Inc.
2. The state or other juris	diction under the la	ws of which it is incorporated is RHODE ISLAND
	_	source of this state is 1500 FLEET CENTER PROVIDENCE; RI
and the name of its re	gistered agent in th	is state at that address is H. PETER OLSEN MCL H (PSTEIN)
	nairs which it is act	ually conducting in Rhode Island, briefly stated, is
		principal office in the state or other jurisdiction under the laws of which it is
		J CLANEATER ST SUITERN PROUTDENCE
		NI 02903
		d officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
NAME	OFFICE	ADDRESS
DON MARSH	Director	Brown UNIV Bexc
ED ShOTLAN	Director	R.I. HOSPIPAL
Diel H. Epster	M/Q_Director	NEVRODURGERY FOUNDATION
MEZ 15 8578		53 CLANDRICK PON 02903
SAM Greent	Vice-Preside	ent MOMBRIAL GOSP
John Queca	Secretary Treasurer	RI HOSP.
Dated:		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.
		Neurosurgery Foundation, Inc.
+ 3 4 4 7 5		Exact Name of Corporation
FOR SECRETARY OF STATE	_	By 2 ml Wys
le Date:	,	Title Pres. dent (Report must be signed by an officer)
heck No.:		Form No. 631 Revised 5/98

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

C	orporate ID Number ND-34	475	Annual Report for the year 1999
1.	The name of the corporat	ion is <u>Neurosurg</u>	ery Foundation, Inc.
2.	The state or other jurisdic	tion under the law	s of which it is incorporated is Rhode Island
3.			corporation in this state is 1500 FLEET CENTER PROVIDENCE, RI
	and the name of its regis	lered agent in this	state at that address is H. PETER OLSEN
4.	The character of the affai	rs which it is actua	ally conducting in Rhode Island, briefly stated, isces in the practice of Neurosurgery.
5	incorporated is	n/a	rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rho	de Island . Providence) RI 02903 (effective 7/9/99)
7.	Names and addresses of	its directors and o	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
S6	ee attached	Director	
_		Director	
_	<u> </u>	Director	
	Mel H. Epstein, MD	President Vice-President	55_Claverick Street Providence, RI 02903
	amuel H. Greenblatt,	MSecretary	55 Claverick Street Providence RI 0290.3
	amuel H. Greenblatt,	MD reasurer	55 Claverick Street Providence RI 02903 55 Claverick Street Providence RI 02903
	nted: June 22, 1999		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.
		II	Neurosurgery Foundation, Inc.
File	FOR SECRETARY OF STATE USE Date: 0/0/19	ONLY	By
Che	xk No.: 3859	_	Title President (Report must be signed by an officer)
Зу:	_ Ci	_	Form No. NP-13

Revised 5/98

DIRECTORS

Mel H. Epstein, MD 55 Claverick Street Providence RI 02903

Samuel H. Greenblatt, MD 55 Claverick Street Providence RI 02903

> Donald Marsh, MD Dean of Medicine Brown University 97 Waterman Street Providence RI 02906

Filing Fee: \$20.00

To be filed annually during the month of June

Revised 5/98



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

Co	prporate ID Number ND-3	4475	Annual Report for the year_1998
1.	The name of the corpora	ation is Neurosurge	ery Foundation, Inc.
2.	The state or other jurisdi	iction under the law	s of which it is incorporated is RHODE ISLAND
3.	The address of the regi		corporation in this state is1500 FLEET CENTER_PROVIDENCE, RI
	02903 and the name of its regi	stered agent in this	state at that address is H. PETER OLSEN
4.			ally conducting in Rhode Island, briefly stated, is
			es in the practice of neurosurgery.
5	If a foreign corporation, incorporated is	•	rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rh	node island 2 Duc	Hey St. Medical Office Center Suite 505
		Provi	dence, RT 02905
7 .	Names and addresses of number of directors of a	of its directors and o domestic (Rhode Is	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESŞ
_s	ee attached	Director	
		Director	
		Director	
M	el H. Epstein. MD	President	2 Dudley St. SUite 505 Providence RI 02905
	amuel H. Greenblatt	Vice-President	a Della Classica Contraction of the contraction of
	amuel H. Greenblatt	······································	2 Dudley St. Suite 505 Providence RI 02905 2 Dudley St. Suite 505 Providence RI 02905
	iii oraciiorado	7 I m reasoner	2 buoley St. Suite 505 Providence RT 11/905
Da	ted: June 4, 1998		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. Neurosurgery Foundation Inc
	* 3 4 4 7 5	*	Exact Name of Corporation
File	POR SECRETARY OF STATE US Date:	SEONLY	By Julles
Che	ck No.: 5 40		Title President
Зу:	CAR		(Report must be signed by an officer)

ND 34475

TRUSTEES

Mel H. Epstein, MD Medical Office Center 2 Dudley Street, Suite 505 Providence, RI 02905

Samuel H. Greenblatt, MD Medical Office Center 2 Dudley Street, Suite 505 Providence, RI 02905

Mr. Stephen Baron President, COO Rhode Island Hospital 593 Eddy Street Providence, RI 02903

Donald Marsh, MD Dean of Medicine Brown University 97 Waterman Street Providence RI 02906

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0034475	Annual Report for the year
	Neurosurgery Foundation, Inc.
	s of Rhode Island
	n it is actually conducting in Rhode Island, briefly stated, is rvices in the practice of neurosurgery.
	dress of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Islan- Medical Office Center -	d ² Dudley St. Suite 505 Providence, RI 02905
SIXTH: Names and addresses of its director	ors and officers:
	ust include street and number, if any)
NAME OFFICE	ADDRESS
See Attached Director	
Director	
Mol W English MD Director	
Mel. H. Epstein, MD. President	2 Dudley St. Suite 505, Providence, RI 02905
Vice President	
Samuel Greenblatt, MD Secretary Samuel Greenblatt, MD Transmission	2 Dudley St. Suite 505, Providence, RI 02905 2 Dudley St. SUite 505, Providence, RI 02905
(If additional space is needed, attach rider)	2 Dudley St. Solle Sos, Flovidence, RI 02905
Dated: June ED 1997	Neurosurgery Foundation, Inc.
JUN 25 177/	(Name of Corporation)
By 10#30-1812	By / Col / C
by IV	Title President

(Report must be signed by an officer)

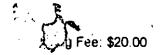
TRUSTEES

Mel H. Epstein, MD Medical Office Center 2 Dudley Street, Suite 505 Providence, RI 02905

Samuel H. Greenblatt, MD Medical Office Center 2 Dudley Street, Suite 505 Providence, RI 02905

Mr. Stephen Baron President, COO Rhode Island Hospital 593 Eddy Street Providence, RI 02903

Donald Marsh, MD
Dean of Medicine
Brown University
97 Waterman Street
Providence, RI 02906



State of Rhode Island and Providence Plantations Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number	0034475	Annual Report for the year	1996
FIRST: The name of	the corporation	is Neurosurgery Foundation, Inc.	
SECOND: It is incorr		e laws of Rhode Island	
·	•		
		which it is actually conducting in Rhode Island, briefly state	
providing education s	servies in th	ne practice of Neurosurgery	· · · · · • • · · · · · · · · · · · · ·
FOURTH: If a foreign	n corporation, the	e address of its principal office in the state or country unde	er the laws of
which it is incorporated is			··········
FIFTH: Corporate ad	Idress in Rhode I	sland.Rhode.Island.Hcspital, Medical.Office	Center
		ce, RI 02905	
SIXTH: Names and a	addresses of its o	directors and officers: (In compliance with 7-6-23 of the R s of a corporation shall not be less than three (3).)	
THIS REPORT W	ILL NOT BE A	CCEPTED UNLESS THREE (3) DIRECTORS ARE L	LISTED.
NAME	OFFICE	ADDRESS	
See Attached	Director		
See Attached			
	Director		
	Director		
	DirectorDirectorPresident		02905
Mel H. Erstein, MD	DirectorPresidentVice-Presider	2 Dudley St. Suite 505, Providence, RI	02905
Mel H. Erstein, MD	DirectorPresidentVice-Presider DSecretary	2 Dudley St. Suite 505, Providence, RI	02905
Mel H. Erstein, MD Samuel Greenblatt, MI Samuel Greenblatt, MI (if additional space is needed,	DirectorPresidentVice-Presider DSecretary	2 Dudley St. Suite 505, Providence, RI nt 2 Dudley St. Suite 505, Providence, RI	02905 02905 02905
Mel H. Erstein, MD Samuel Greenblatt, MI Samuel Greenblatt, MI (if additional space is needed,	DirectorPresidentVice-Presiden DSecretary DTreasurer , attach rider)	2 Dudley St. Suite 505, Providence, RI 2 Dudley St. Suite 505, Providence, RI 2 Dudley St. Suite 505, Providence, RI Neurosurgical Foundation, Inc.	02905 02905 02905

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

TRUSTEES

Melvin H. Epstein, MD Rhode Island Hospital Medical Office Center 2 Dudley Street, Suite 505 Providence, RI 02905

Samuel H. Greenblatt, MD Rhode Island Hospital Medical Office Center 2 Dudley Street, Suite 505 Providence, RI 02905

Mr. Stephen Baron President, COO Rhode Island Hospital 593 Eddy Street Providence, RI 02903

Donald Marsh, MD
Dean of Medicine
Brown University
97 Waterman Street
Providence, RI 02906

Filing Fee: \$20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number 0034475	Annual Report for the year1395
FIRST: The name of the corporation is	s Neurosurgery Foundation, Inc.
SECOND: It is incorporated under the	laws of Rhode Island
THIRD: The character of the affairs wi	nich it is actually conducting in Rhode Island, briefly stated, is
providing education services in t	
	address of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode Is	land Rhode Island Hospital
2 Dudley St. Medical Office Cen	ter - Suite 505 Providence, RI 02905
SIXTH: Names and addresses of its di Reenactment of 1994, the number of Directors	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
NAME OFFICE See Attached Director	ADDRESS
See Attached	
See Attached Director	ADDRESS
See Attached Director	
See Attached Director Director Director	2 Dudley St. Suite 505 Providence, RI 02905
See Attached Director Director Director Melvin H. Epstein, MD President	2 Dudley St. Suite 505 Providence, RI 02905
See Attached Director Director Director Melvin H. Epstein, MD President Vice-President	2 Dudley St. Suite 505 Providence, RI 02905
See Attached Director Director Melvin H. Epstein, MD President Vice-President Samuel Greenblatt, MD Secretary Samuel Greenblatt, MD Treasurer (If additional space is needed, attach rider) PAID PAID	2 Dudley St. Suite 505 Providence, RI 02905 2 Dudley St. Suite 505 Providence, RI 02905
See Attached Director Director Director Melvin H. Epstein, MD President Vice-President Samuel Greenblatt, MD Secretary Samuel Greenblatt, MD Treasurer (If additional space is needed, attach rider) Dated: June 7 19 95	2 Dudley St. Suite 505 Providence, RI 02905 2 Dudley St. Suite 505 Providence, RI 02905 2 Dudley St. Suite 505 Providence, RI 02905 Neurosurgical Foundation, Inc. (Name of Corporation)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

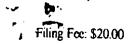
TRUSTEES:

Melvin Epstein, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Samuel Greenblatt, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

William Kreykes
President
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

Richard Weil, M.D.
Assistant Dean of Medicine
Brown University
Box GA1
Providence, RI 02912



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To be filed annually during the month of June

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 3447	'5	Ann	al Report for the yea	r1994
FIRST: The name of the o				:
SECOND: It is incorporate		a.		
hcommand soncation 2	ervices in	the practice	of neurosurge	d, briefly stated, is
FOURTH: If a foreign cor which it is incorporated is				r country under the laws of
FIFTH: Corporate address 110 Lockwood St., Roo SIXTH: Names and addre	m 438 Pro	vidence RI (2903	
NAME		oust include street and		FILED JUN 2 4 1994
See Attached	Director		ADDRESS	By small
Melvin Epstein, MD	Director	RI Hosp. 110	Lockwood St. P	Prov. RI
	Vice Presiden			02903
Samuel Greenblatt, MD	Secretary	RI Hosp. 110	Lockwood St. P	rov. RI
SamuelGreenblattMD (If additional space is needed, attach		RIHosp110	LockwoodStP	ravRI
Dated:	. 19		ery Foundation	, Inc.
		By Title New	l Est	

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

TRUSTEES:

Melvin Epstein, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Samuel Greenblatt, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

William Kreykes
President
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

Richard Weil, M.D.
Assistant Dean of Medicine
Brown University
Box GA1
Providence, RI 02912

1173 7B

To be filed annually during the month of June

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0034475	Annual Report for the year1993
FIRST: The name of the corporation is.	Neurosurgery Foundation, Inc.
SECOND: It is incorporated under the la	ws of Rhode Island
of neurosurgery, teaching u	ch it is actually conducting in Rhode Island, briefly stated, is practice ndergrads & grads at Brown University and ment-of-disorders-in-brain-&-spinal-cord.
FOURTH: If a foreign corporation, the a	address of its principal office in the state or country under the laws of
-	
(Addresses	ADDRESS AUG 02 1993
NAME OFFICE	ADDRESS AUG 12
See Attached Director	SE ₀ 700
Director	
Director	
Melvin Epstein. M.D. President	RI. Hosp. 110 Lockwood St. Prov. RI 02903
Vice Preside	nt
NevilleKnuckey,MD Secretary	RI. Hosp. 110 Lockwood St. Prov. RI. 02903
Neville Knuckey, MD Treasurer (If additional space is needed, attach rider)	RI Hosp. 110 Lockwood St. Prov. RI 02903
Dated: 6/30 1993	Neurosurgery Foundation, Inc. (Name of Corporation) By Med H State A By

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

TRUSTEES:

Melvin Epstein, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Neville Knuckey, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Louis Fazzano Acting-President Rhode Island Hospital 593 Eddy Street Providence, RI 02903

David G. Greer, M.D.
Dean, Brown University
Box G
Providence, RI 02906

Filing Fee: \$20.00

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number	34475	Annual Report for the year
First: The name of		Neurosurgery Foundation, Inc.
SECOND: It is incorp		Rhode Island aws of
THIRD: The characte practice of neuro		ich it is actually conducting in Rhode Island, briefly stated, is
•	a corporation, the	address of its principal office in the state or country under the laws of
FIFTH: Corporate ad	dress in Rhode Isla Room 438 P	R.I. Hospital and rovidence RI 02903
SIXTH: Names and a	ddresses of its direct	
	(Addresses	must include street and number, if any)
NAME See Attached	OFFICE	ADDRESS
See Accached	Director	
•••••	Director	
Melvin Epstein, M	D	RI Hosp. 110 Lockwood St. Prov. RI
	Vice Preside	nt
Neville Knuckey,	MD Secretary	RI Hasp. 110 Lockwood St. Prov. RI
Neville Knuckey, (If additional space is needed,		RI Hosp. 110 Lockwood St. Prov. RI
Dated: 5/28	1992	Neurosurgery Foundation, Inc. (Name of Corporation)
Rec'd & Filed (JUN 2 1992	Title Prode
	00	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

TRUSTEES

Melvin Epstein, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Neville Knuckey, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Louis Fazzano Acting-President Rhode Island Hospital 593 Eddy Street Providence, RI 02903

David G. Greer, M.D. Dean, Brown University Box G Providence, RI 02906

To be filed annually during the month of June

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION



Corporate ID Number3447	S	Annual Report for the year1991
FIRST: The name of the cor	-	Neurosurgery Foundation, Inc.
SECOND: It is incorporated		s of Rhode Island
THIRD: The character of the practice of neurosurg	affairs which	n it is actually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corpo	ration, the ad	dress of its principal office in the state or country under the laws of
which it is incorporated is	·····	
FIFTH: Corporate address in	Rhode Islan	dd
		ovidence RI 02903
SIXTH: Names and addresse		ust include street, number if any, and zip code) ADDRESS
I	Director .	
I	Director	
I		
Melvin Epstein, MD	resident	RI Hosp. 110 Lockwood St. Prov. RI
V	ice President	02903
NevilleKnuckey,MD. S	ecretary	.RI_Hasp110_Lackwood_StProvRI
···Nevirlite···Knuckey;····MD. T (If additional space is needed, attach ric	reasurer der)	-RIHospy110-Leckwood-StvRrevRI
Dated: 1	9	Neurosurgery Foundation, Inc.
		By // STO
Rec'd & Filed AUG 14 1991		Title Pres
HUU TI 100		(Report must be signed by an officer)

egistered agent,

TRUSTEES

Melvin Epstein, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Neville Knuckey, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Louis Fazzano Acting-President Rhode Island Hospital 593 Eddy Street Providence, RI 02903

David G. Greer, M.D. Dean, Brown University Box G Providence, RI 02906

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number	175	Annual Report for the year1990
	•	Neurosuroery Foundation. Inc.
		ws of Rhode Island
practice of neurosur	gery.	ch it is actually conducting in Rhode Island, briefly stated, is
		ddress of its principal office in the state or country under the laws of
110 Lackwood St., Ro	iam 438 P	nd ^{R.1.} Hospital rovidence RI 02903
Sixth: Names and addre		JUN 14 1990
		oust include street, number if any, and zip code)
NAME	OFFICE	ADDRESS
•••••••••••••••••••••••••••••••••••••••		
Melvin Epstein, MD		RI Hosp. 110 Larkwood St. Prov. RI
		RI Hosp. 110 Lockwood St. Prov. RI
	Vice Presiden	nt
Nevilla.KnuckeyMD.	Secretary	RI Hosp. 110 Lockwood St. Proy. BI
"Neville"Knackey;"Mi) (If additional space is needed, attach	Treasurer rider)	RI-Hosp:110-Lockwood-Stv-ProvRI
Dated:	19	Neurosurgery Foundation, Inc.
		(Name of Corporation)
		By The State of th
		Title / result

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

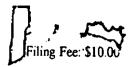
TRUSTEES

Melvin Epstein, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Neville Knuckey, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Louis Fazzano Acting-President Rhode Island Hospital 593 Eddy Street Providence, RI 02903

David G. Greer, M.D. Dean, Brown University Box G Providence, RI 02906



State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 34475	Annual Report for the year 1989
FIRST: The name of the corporation is	Neurosurgery Foundation, Inc.
SECOND: It is incorporated under the law	Rhode Island ws of
THIRD: The character of the affairs whice of neurosurgery.	th it is actually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corporation, the ac	ddress of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Island 110 Lockwood St., Room 438	R.I. Hospital nd B Providence RI 02903
SIXTH: Names and addresses of its direct	tors and officers:
	ust include street, number if any, and zip code)
NAME OFFICE	ADDRESS
Director	
Director	
Melvin Epstein, MD President	RI Hosp. 110 Lockwood St. Prov. RI
	02903
Neville Knuckey, Secretary	RI Hosp. 110 Lackwood St. Prov. RI
Neville Knuckey. Thesurer	RI Hosp. 110 Lockwood St. Prov. RI
(If additional space is needed, attach rider)	Neurosurgery Foundation, Inc.
Dated: 19	(Name of Corporation)
	of the HC
	By A

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.



TRUSTEES

Melvin Epstein, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Neville Knuckey, M.D. Rhode Island Hospital 110 Lockwood Street Providence, RI 02903

Louis Fazzano Acting-President Rhode Island Hospital 593 Eddy Street Providence, RI 02903

David G. Greer, M.D. Dean, Brown University Box G Providence, RI 02906

State of Rhode Island and Providence Plantations



NON-PROFIT CORPORATION

Corporate ID Number3	4.47.5	Annual Report for the year1988
FIRST: The name of the	e corporation is	RIH Neurosurgery Foundation
SECOND: It is incorpora	ated under the lav	Rhode Island vs of
THIRD: The character (h it is actually conducting in Rhode Island, briefly stated, is
		ldress of its principal office in the state or country under the laws of
FIFTH: Corporate address 110 Lockwood St.	ess in Rhode Islan Provi dence	R.I. Hospital dRI 02903
SIXTH: Names and add	resses of its direct	ors and officers: AUG AID ast include street, number if any, and zip coder of State ADDRESS
	(Addresses mi	ust include street, number if any, and zip coder
NAME	OFFICE	ADDRESS S
•••••	Director	77.
	Director	
Melvin Epstein, MD		BY Home 110 I and the Day Of
nervin chacern' un	President	RI Hosp. 110 Lockwood St. Prov. RI
	Vice President	02903
Neville Knuckey, M	D. Secretary	RI Hosp. 110 Lockwood St. Prov. RI
Nevi.11eKnuckey.,M (If additional space is needed, atta		.RI.Hosp. 110.Lockwood.St. Prov. RI
Dated:	19	RIH Neurosurgery Foundation
		(Name of Corposation) By
		Title reprode

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number	34475	Annual Report for the year	1.997
First: The name of the	e corporation is	RIH Neurosurgery Foundation	
SECOND: It is incorpor	rated under the law	Rhode Island	
THIRD: The character practice of new	of the affairs which	n it is actually conducting in Rhode Island, briefly	stated, is
•	•	dress of its principal office in the state or country	
FIFTH: Corporate add		d ⊇ RI 02903	
SIXTH: Names and ad	dresses of its directe	ors and officers:	
	·	ust include street, number if any, and zip code)	
NAME 	OFFICE	ADDRESS	
Melvin Epstein	. MD	593 Eddy Street, Providence,	
	Vice President		
	Secretary		·
****	Treasurer		
(If additional space is needed, at		DIU Nousseusses Equadat	· i on
Dated: July 1	S 19 8 7	RIH Neurosurgery Foundat (Name of Corpognien)	
, P	AID	By The Cost	
% JUL	21 1987,	Title Prenel	
5 W	OF STATE	(Report must be	signed by an officer

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

Filing Fee: \$10.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 34475	Annual Report for the year 1986
FIRST: The name of the corpor	ation is RIH Neurosurgery Foundation
SECOND: It is incorporated und	ler the laws of Rhode Island
THIRD: The character of the af practice of n	fairs which it is actually conducting in Rhode Island, briefly stated, iseurosurgery
FOURTH: If a foreign corporation which it is incorporated is	on, the address of its principal office in the state or country under the laws of
FIFTH: Corporate address in R	hode Island 1500 Fleet Center, Providence, RI 02903
SIXTH: Names and addresses of	its directors and officers:
(Ac	ddresses must include street, number if any, and zip code)
NAME OI	FFICE ADDRESS
Dire	ctor
Dire	ctor
Dire	
Melvin Epstein, MD Presi	dent 593 Eddy Street, Providence, RI
Vice	President
Secre	etary
(If additional space is needed, attach rider)	Surer
Dated: 6/11 19 8	6 RIH Neurosurgery Foundation (Name of Corporation)
PAID PAID	Title Prevident
14 1986 PAID ON OF STATE 4 1986 JUL 2	(Report must be signed by an officer)

Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.