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State of Rhode Island

Department of State - Business Services Division

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BY 15694

Annual Report for the year: 2021

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	2. Exact name of the Corporation			
131453	East Bay Neurology, Professional Corporation			
3. Principal Office Address		City	State	Zip
333 School Street, Ste. 216		Pawtucket	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621111	To engage in the practice of medicine specializing in neurological disorders.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Motasem Alyacoub, M.D.	333 School Street, Ste. 216	Pawtucket	RI	02860

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Motasem Alyacoub, M.D.	333 School Street, Ste. 216	Pawtucket	RI	02860

Treasurer Name	Street Address	City	State	Zip
Motasem Alyacoub, M.D.	333 School Street, Ste. 216	Pawtucket	RI	02860

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Motasem Alyacoub, M.D.	333 School Street, Ste. 216	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	$0.01

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	Date
Motasem Alyacoub, M.D.	2 / 12 / 2021

Signature of Authorized Representative: Motasem Alyacoub MD

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

FORM 630 - Revised: 08/2020