



**State of Rhode Island
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: 2021

1. Corporate ID No. 000846836

2. Name of Corporation Association for Internship Training in Clinical Neuropsychology

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



813920

4. Principal Office Address

No. and Street: 455 MESHANTICUT VALLEY PARKWAY
APARTMENT 314

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

AITCN (WWW.AITCN.ORG) IS COMPRISED OF PROGRAMS THAT PROVIDE INTERNSHIP TRAINING IN CLINICAL NEUROPSYCHOLOGY. MEMBER PROGRAMS MUST BE ACCREDITED BY THE AMERICAN OR CANADIAN PSYCHOLOGICAL ASSOCIATIONS (APA OR CPA) AND MUST PROVIDE TRAINEES WITH AT LEAST 25% TRAINING TIME AS WELL AS DIDACTIC EXPERIENCES, AND SUPERVISION IN THE PRACTICE OF CLINICAL NEUROPSYCHOLOGY. THE MISSION OF AITCN IS TO: 1) ADVOCATE FOR AND

PROMOTE THE CONCERNS OF INTERNSHIP TRAINING IN CLINICAL NEUROPSYCHOLOGY; AND 2) INFORM NEUROPSYCHOLOGISTS, MEMBERS OF RELATED DISCIPLINES, AND THE GENERAL PUBLIC ABOUT INTERNSHIP EDUCATION AND TRAINING IN CLINICAL NEUROPSYCHOLOGY. AITCN SEEKS NON-PROFIT STATUS IN RI BECAUSE IT'S TREASURER (STEPHEN CORREIA, PH.D.) RESIDES IN THIS STATE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	CHRISTOPHER GROTE	RUSH UNIVERSITY MEDICAL CENTER CHICAGO, IL 60622 USA
DIRECTOR	SUZANNE PENNA	EMORY UNIVERSITY ATLANTA, GA 30322 USA
DIRECTOR	BRADLEY ROPER	MEMPHIS VA MEDICAL CENTER MEMPHIS, TN 38104 USA
DIRECTOR	NINA HATTIANGADI THOMAS	CHILDREN'S HOSPITAL OF PHIL., 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 USA
DIRECTOR	STEPHEN CORREIA	211 BELVEDERE DR. CRANSTON, RI 02920 USA
DIRECTOR	JESSICA VASSALLO	13000 BRUCE B. DOWNS BLVD TAMPA, FL 33612 USA

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

STEPHEN CORREIA 211 BELVEDERE DRIVE CRANSTON , RI 02920

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

Signed this 27 Day of June, 2021 at 9:58:14 AM 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 STEPHEN CORREIA
Signature of Authorized Person

Form No. 631
Revised 09/07