



**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. 000308130

2. Name of Corporation Rhode Island Brain & Spine Tumor Foundation, Inc.

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

4. Principal Office Address

No. and Street: 118 DUDLEY STREET
City or Town: PROVIDENCE State: RI Zip: 02905 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

TO INCREASE BRAIN AND SPINE TUMOR AWARENESS AMONG THE PUBLIC AND HEALTHCARE COMMUNITIES

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
PRESIDENT	PRAKASH SAMPATH, M.D., RI NEUROSURGIACL INSTITUTE	118 DUDLEY STREET PROVIDENCE, RI 02905 USA
TREASURER	MICHAEL CASTONGUAY	106 BLACKBERRY ROAD NORTH ATTLEBORO, MA 02760 USA
SECRETARY	CARLY DOMOS	1 PARK LANE, UNIT 317 BOSTON, MA 02127 USA
VICE PRESIDENT	JAYANTHI JAYAPAL	20 WALNUT DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	FRANCIS KIRBY	158 GRANT STREET NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	HEINRICH ELINZANO	593 EDDY ST PROVIDENCE, RI 02905 USA
DIRECTOR	ARIEANA CARCIERI NP	10 APPLE BLOSSOM LANE COVENTRY, RI 02826 USA
DIRECTOR	CARLY DOMOS	1 PARK LANE, UNIT 317 BOSTON, MA 02127 USA
DIRECTOR	PHILIP MORIN	11 ELIZABETH COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SURIYA JEYAPALAN M.D.	64 WYOMING ROAD NEWTON, MA 02460 USA
DIRECTOR	VAISHALI KHAMAMKAR	3 SAWMILL PONE ROAD SHARON, MA 02067 USA
DIRECTOR	DOUGLAS ANTHONY MD,PHD	593 EDDY ST APC12-106 PROVIDENCE, RI 02905 USA
DIRECTOR	KONSTANTINA SVOKOS DO, MS	593 EDDY STREET, APC 677 PROVIDENCE, RI 02905 USA
DIRECTOR	ARIEANA CARCIERI NP	19 APPLE BLOSSOM LANE COVENTRY, RI 02826 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**

KIM K. BIGONETTE 118 DUDLEY STREET PROVIDENCE , RI 02905

8. 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 August, 2021 at 12:12:55 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 LISA A DAMBRA
Signature of Authorized Person

