



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2022**  
Corporation

→ Filing period: February 1 - May 1


→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 06 2023

BY 108ES

1. Entity ID Number <b>001746322</b>		2. Exact name of the Corporation <b>BrainWaves Neuro Restoration Center, Inc.</b>	
3. Principal Office Address <b>400 Bald Hill Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. NAICS Code <b>621112</b>	6. Brief description of the character of business conducted in Rhode Island <b>Mental Health Services</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Mark Turshen, MD.</b>		Vice-President Name <b>Mark Turshen, MD.</b>	
Street Address <b>45 Bunker Hill Lane</b>		Street Address <b>45 Bunker Hill Lane</b>	
City <b>East Greenwich</b>	State <b>RI</b>	City <b>East Greenwich</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02818</b>	
Secretary Name <b>Mark Turshen, MD.</b>		Treasurer Name <b>Mark Turshen, MD.</b>	
Street Address <b>45 Bunker Hill Lane</b>		Street Address <b>45 Bunker Hill Lane</b>	
City <b>East Greenwich</b>	State <b>RI</b>	City <b>East Greenwich</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02818</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Mark Turshen, MD.</b>		Director Name	
Street Address <b>45 Bunker Hill Lane</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02818</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>1,000</b>	<b>Common</b>
			<b>No Par Value</b>
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 <b>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.</b>			
Name of Authorized Representative <b>Mark Turshen, MD</b>		Date <b>3/1/23</b>	
Signature of Authorized Representative 			

## MAIL TO:

Division of Business Services

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