



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Corporation \_\_\_\_\_

MAR 31 2023

17320<sup>DL</sup>

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000075165		2. Exact name of the Corporation Pediatric Neurology, Inc.			
3. Principal Office Address 2138 Mendon Road, Suite 104			City Cumberland	State RI	Zip 02864
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To engage in the General Practice of Medicine of Pediatrics and Pediatric and Adult Neurology.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Maria C. Younes			Vice-President Name Maria C. Younes		
Street Address 2138 Mendon Road, Suite 104			Street Address 2138 Mendon Road, Suite 104		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Maria C. Younes			Treasurer Name Maria C. Younes		
Street Address 2138 Mendon Road, Suite 104			Street Address 2138 Mendon Road, Suite 104		
City Cumbeland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Maria C. Younes			Director Name		
Street Address 2138 Mendon Road, Suite 104			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		
			200	Common	No Par Value
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 Maria C. Younes, Member					Date 3/24/23
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov