



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

MAR 31 2023

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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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		200		Common	
				PAR VALUE	
				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. 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 Maria C. Younes, Member				Date 3/24/23	
Signature of Authorized Representative 					

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: 11/2021