



**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: February 1 - May 1

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: 2023

1. Corporate ID No. 000085472

2. Name of Corporation International Society for the History of the Neurosciences, 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

813920

4. Principal Office Address

No. and Street: 450 VETERANS MEMORIAL PARKWAY,

SUITE 7A

C/O CT CORPORATION SYSTEM

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

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

ORGANIZED TO IMPROVE COMMUNICATION AMONG INDIVIDUALS AND ENTITIES RELATING TO THE HISTORY OF NEUROSCIENCES.

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 | MANON AUFFRET | INSTITUT DES NEUROSCIENCES CLINIQUES DE RENNES RENNES FRA |
| TREASURER | DIANE FRIEDMAN RN | 9234 CRESTVIEW DRIVE INDIANAPOLIS, IN 46240 US |
| SECRETARY | YURI ZAGVAZDIN MD | NOVA SOUTHEASTERN UNIVERSITY FT. LAUDERDALE, FL 33328 US |
| DIRECTOR | STANLEY FINGER MD | 234 RUNNYMEADE DR. CREVE COEUR, MO 63141 US |
| DIRECTOR | PETER J KOEHLER MD | UNIVERSITY OF MAASTRICHT MAASTRICHT, NLD |
| DIRECTOR | FRANK W. STAHNISCH MD | UNIVERSITY OF CALGARY DEPT OF HISTORY CALGARY, CAN |
| DIRECTOR | PAUL B FOLEY MD | CANADA BAY NEW SOUTH WALES, AUS |

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 4 Day of April, 2023 at 12:22:52 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 DIANE B. FRIEDMAN
Signature of Authorized Person

Form No. 631
Revised 09/07