



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.

RECEIVED
DEPT. OF STATE
BUSINESS SERVICES DIVISION
2023 APR -7 A 10:06

1. Entity ID Number 000133367		2. Exact name of the Corporation Garden City Neurology, Ltd.			
3. Principal Office Address 40 Red Cedar Drive		City Cranston		State RI	Zip 02920
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Practice of medicine			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lori A. Cervone			Vice-President Name None		
Street Address 40 Red Cedar Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Taylor N. Cervone			Treasurer Name Lori A. Cervone		
Street Address 40 Red Cedar Drive			Street Address 40 Red Cedar Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		CLASSIFICATIONS
			100		Common
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 Lori A. Cervone				Date 4/3/2023	
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

FILED
APR 07 2023
BY ML 29223