



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

**FILED**  
**FEB 02 2024**  
BY 1134

Annual Report for the year: 2024

Corporation \_\_\_\_\_

- 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 <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 H. Turshen</b>			Vice-President Name <b>Mark H. Turshen</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>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Mark H. Turshen</b>			Treasurer Name <b>Mark H. Turshen</b>		
Street Address <b>45 Bunker Hill Lane</b>			Street Address <b>East Greenwich</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</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			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 <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	
		1,000		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 <b>Mark H. Turshen, MD</b>				Date <b>1/24/24</b>	
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](http://www.sos.ri.gov)

**INFORMATION FOR ANNUAL REPORT**  
**FOR Brainwaves Neuro Restoration Center**

Entity ID No. 001746322      Customer ID:sL3fp0      PIN: 7935      NAICS: 621112

Name of Corporation (PC) : Brainwaves Neuro Restoration Center

Corporate Address : 400 Bald Hill Rd  
Warwick, RI 02886

Business Phone : (401) 854-7550

State of Incorporation : RHODE ISLAND

Brief Description of the  
Character of Business  
Conducted in Rhode Island : Mental Health Services

President : Mark Turshen  
45 Bunker Hill Lane  
East Greenwich, RI 02818

Vice President : None

Secretary : Mark Turshen  
45 Bunker Hill Lane  
East Greenwich, RI 02818

Treasurer : Mark Turshen  
45 Bunker Hill Lane  
East Greenwich, RI 02818

Director : Mark Turshen  
45 Bunker Hill Lane  
East Greenwich, RI 02818

Authorized Shares,  
Class and Par Value : 1000 - COMMON - NO PAR VALUE

Issued Shares,  
Class and Par Value : 1000 - COMMON - NO PAR VALUE