



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000094367

2. Name of Corporation RHODE ISLAND NEUROLOGICAL ASSOCIATION

3. State of Incorporation

State: RI

NAICS CODE

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: ONE RANDALL SQUARE, SUITE 409

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

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

TO INFORM AND EDUCATE PRIVATE, STATE AND MUNICIPAL ORGANIZATIONS
WHOSE ACTIVITIES AFFECT PERSONS W/ NEUROLOGICAL DISEASE.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DENNIS J AUMENTADO MD	1065 MENDON ROAD WOONSOCKET, RI 02895 USA
TREASURER	NORMAN GORDON MD	450 VETERAN MEMORIAL PKWY E. PROVIDENCE, RI 02914 USA
SECRETARY	ARSHAD IQBAL MD	4519 POST RD WARWICK, RI 02818 USA
ASSISTANT SECRETARY	JEFFREY WISHIK MD	1 RANDALL SQ SUITE 409 PROVIDENCE, RI 02904 USA
VICE PRESIDENT	PETER BELLAFFIORE MD	360 KINGSTOWN RD NARRAGANSETT, RI 02882 USA
DIRECTOR	PETER BELLAFFIORE MD	360 KINGSTOWN RD NARRAGANSETT, RI 02882 USA
DIRECTOR	NORMAN GORDON MD	450 VETERAN MEMORIAL PKWY E. PROVIDENCE, RI 02914 USA
DIRECTOR	JOSEPH CENTOFANTI MD	725 RESRVOIR AVENUE #308 CRANSTON, RI 02910 USA

**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**

JEFFREY WISHIK ONE RANDALL SQUARE, SUITE 409 PROVIDENCE , RI 02904

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

Signed this 22 Day of April, 2024 at 12:57:58 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 JEFFREY WISHIK, MD
Signature of Authorized Person

Form No. 631
Revised 09/07

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