State of Rhode Island
Department of State - Business Services Division

FILED
FEB 11 2025
BY

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Annual Report for the year: 2025
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	2. Exact name of the Corporation		
000075165	Pediatric Neurology, Inc.		
3. Principal Office Address	City	State	Zip
2138 Mendon Road, Suite 104	Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621111	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 ☐

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: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

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	Date
Maria C. Younes, Member	1/28/25

Signature of Authorized Representative: M C. M

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov