State of Rhode Island

Department of State	te - Business Services Division	FFB 11 2025 0
Annual Report for the year: 20	025	=
Corporation — → Filing period: February 1 - Ma		BY 18861 0
- r ming period. February 1 - Ma	I VE	= =

FFB 11 2025 ST:88:17:83:18

BF 16861 OF 16861 VB

→ Filing period: February 1 - Filing Fee: \$50.00	May 1				Mr.T.			
→ Penalty: Additional \$25.001	fee if form is ne	ot filed by May 31.						
Entity ID Number	2. Exact name of the Corporation							
000075165	Pediatri	c Neurology,	Inc.					
Principal Office Address			City		State		Zip	
2138 Mendon Road, Suite 104			Cumb	erland	RI		02864	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
621111	To engage in the General Practice of Medicine of Pediatrics and Pediatric							
5. State of Incorporation	and Adult Neurology.							
Rhode Island								
7. List ALL officers (names and add President Name	dresses)		Les Desci	Check	the box to indi	cate an	attachment 🔲	
Maria C. Younes			Vice-Presi	Vice-President Name Maria C. Younes				
Street Address 2138 Mendon Road, Suite 104			Street Add	Street Address 2138 Mendon Road, Suite 104				
^{City} Cumberland	State RI	^{Zip} 02864	City Cun	State	RI	Zip 02864		
Secretary Name Maria C. Youn	ies		Treasurer Name Maria C. Younes				10200.	
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 ad	ddresses)			Check	the box to indi	cate an		
Director Name Maria C. Younes			Director Na	Director Name				
Street Address 2138 Mendon F		104	Street Add	ress			<u> </u>	
^{City} Cumberland	State RI	^{Zip} 02864	City		State	State		
Director Name	****	•	Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issu		Check	the box to ind	icate an	attachment	
This information is currently of record Department of State.	rd in the	NUMBER OF	SHARES	CLASS	S/SERIES	T	PAR VALUE	
Changes require an additional filing.		200		Common		No P	ar Value	
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 This report must be executed o ceiver or trustee, this report must be 	n behalf of the	corporation by an au	uthorized rep	resentative. If the receiver or trustee	corporation is	in the ha	ands of a re-	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm ti	hat I have examine	d this repor	t, including any i	accompanying	g schedi	ules and	
Name of Authorized Representative	е	Mereni ere pay c	/ COFFEEL	<u> </u>	Date			
Maria C. Younes, Membe					1/ :	28/-	2 🗸	
Signature of Authorized Represent	ative							
	\mathcal{N}							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov