



State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 000034475	2. The name of the entity is: NEUROSURGERY FOUNDATION, INC.																											
3. Date of Revocation: 09/26/2025	4. Reason for Revocation: Annual Report																											
5. Entity Type: Non-Profit Corporation																												
6. The reinstatement requirements are: <table><tr><td>☒ Annual Reports (# of reports) 1</td><td>(report filing fee) \$ 20</td><td>Total Fees \$ 20</td></tr><tr><td>☒ Penalty fees (# of years) 1</td><td>(penalty fee) \$ 25</td><td>Total Fees \$ 25</td></tr><tr><td>☐ Replacement filing fee \$</td><td></td><td></td></tr><tr><td>☐ LOGS (Tax Good Standing)</td><td></td><td></td></tr><tr><td>☐ Legislative Act/Court Order</td><td></td><td></td></tr><tr><td>☐ Change of Agent Form (filing fee) \$</td><td></td><td></td></tr><tr><td>☐ Change of Registered Office Form - NO FEE</td><td></td><td></td></tr><tr><td>☐ Certificate of Correction</td><td></td><td></td></tr><tr><td>☐ Amendment (name change required)</td><td></td><td></td></tr></table>		☒ Annual Reports (# of reports) 1	(report filing fee) \$ 20	Total Fees \$ 20	☒ Penalty fees (# of years) 1	(penalty fee) \$ 25	Total Fees \$ 25	☐ Replacement filing fee \$			☐ LOGS (Tax Good Standing)			☐ Legislative Act/Court Order			☐ Change of Agent Form (filing fee) \$			☐ Change of Registered Office Form - NO FEE			☐ Certificate of Correction			☐ Amendment (name change required)		
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7. Accompanied by																												

FILED

OCT 06 2025

BY QACFA