RECD RIDOS BSD
'25 OCT 6 PM 1:06:09

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000034475	Neurosurgery Foundation, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Providing Educational Services in the Practice of Neurosurgery
4 NAICS Code: 813212	

6. Principal Office Address	City	State	Zip
593 Eddy Street, APC Building, 6th Floor	Providence	RI	02903

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

President Name: Ziya Gokaslan MD			Vice-President Name: Curtis Doberstein		
Street Address: 593 Eddy Street			Street Address: 593 Eddy Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Adetokunbo Oyelese			Treasurer Name: Roselee Rego		
Street Address: 593 Eddy Street			Street Address: 593 Eddy Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name: Ziya Gokaslan MD			Director Name: Adetokunbo Oyelese		
Street Address: 593 Eddy Street			Street Address: 593 Eddy Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Curtis Doberstein			Director Name:		
Street Address: 593 Eddy Street			Street Address:		
City: Providence	State: RI	Zip: 02903	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Ziya Gokaslan MD	10/3/2025

Signature of Officer/Author zed Representative:

FILED
OCT 06 2025
BY

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