



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <b>000127168</b>		2. Exact name of the Corporation <b>RHODE ISLAND NEUROSURGICAL INSTITUTE, INC</b>			
3. Principal Office Address <b>118 DUDLEY ST</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO RENDER PROFESSIONAL SERVICES BY PERSONS AUTHORIZED TO PRACTICE <del>PHYSICIAN</del> MEDICINE IN THE STATE OF RHODE ISLAND</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PRAKASH SAMPATH</b>			Vice-President Name		
Street Address <b>118 DUDLEY ST</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PRAKASH SAMPATH</b>			Director Name		
Street Address <b>118 DUDLEY ST</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>8,000.00</b>	<b>CNP</b>	<b>\$0.0000</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>PRAKASH SAMPATH</b>				Date <b>8/8/22</b>	
Signature of Authorized Representative <i>[Signature]</i>				<b>FILED</b>	
				<b>AUG 16 2022</b>	

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BY JAY 11:31