RALPH MOR	State of Rhode Island Office of the	and Provide Secretary of		ns Fee: \$50.00
s crotary of Ste	148 V Providence, Rh	rations Division V. River Street node Island 0290 e: (401) 222-304		
Limited Liability Annual Report Filing Period: Septe	/ Company mber 1 - November 1			
file its annual report	R.I.G.L. 7-16-66(d), each limited lia within thirty (30) days after the tim oject to a penalty fee of \$25.00.			to
ANNUAL REPORT	YEAR: <u>2008</u>			
1. ID No. <u>0001</u>	<u>39971</u>			
2. Exact Name of	the Limited Liability Company	Radiation Onco	logy Services of	Rhode Island, LLC
3. State of Forma	ition			
State: <u>RI</u>				
TO PRACTICE N 5. Principal Office				
No. and Street:	450 TOLL GATE ROAD			
City or Town:	WARWICK	State: <u>RI</u>	Zip: <u>02886</u>	Country: USA
6. Mailing Addres Contact Name: Contact Name: Contact Name: Contact Name: Contact Name: Contact Name: Contact Name: Na	s of Limited Liability Company ontact Title: <u>450 TOLL GATE ROAD</u> <u>WARWICK</u>	and Name or Tit State: <u>RI</u>	le of Contact Po Zip: <u>02886</u>	erson: Country: <u>USA</u>
7. Name and Add DO NOT LIST M	ress of Each Manager of the Lir IEMBERS	nited Liability C	ompany, if App	licable.
Title	Individual Name	e	Add	ress
<u> </u>	First, Middle, Last, Suf	fix Ado	dress, City or Town, S	State, Zip Code, Country
	NT IN RHODE ISLAND - DO NOT re Filing of Form 642 - R.I.G.L. 7			
Changes Requi		-16-11	ENCE , <u>RI 02903</u>	<u></u>

Signed this 1 Day of October, 2008 at 2:26:01 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or

acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>PHILIP G. MADDOCK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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