

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Providence, RI 02904-2615 401.222.3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G. 1 7-6-94 each cornoration failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 217 15 Shojeet 10 u	
1. Corporate ID No.	2. Name of Corporation		20			
1415			Clinical Uncologist	f f		
3. State of Incorporation		Rhode Island - Street Addres		City	Zip	
RI		laterman St.		Prwidence	02906	
5. Foreign corporation. Enter prin	ncipal office address		City	State	Zip	
6 Brist Danielli in Cali I	6.1				<u> </u>	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island We neet to discuss is sues. Configurate of the affairs which are actually conducted in Rhode Island						
We meet to discuss issues concerning carner care in RI including cost, access to care, treatments, and physican reinfundement issues.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Vice President Name						
Joseph DiBenedetto JR, MD			Alessandro Papa MD			
Street Address 193 Waterman 5t			City 1 State 2 = Zip			
City P N	State T	02906	City DewoorT	State R.I.	D2840	
Secretary Name			Transport Name			
Linda Hassan MD			Diane Pasgioli Do			
Street Address			Street Address	on the		
City	State	Zip	Wake field	State R_T	WO 2879.	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Directon Name		10 40	Director Name		(-)	
	Seredetto.	JK, MD	Alternand	ro Papa M	\wedge	
Street Address			Street Address			
193 Waterman St.			City 12 Friendship St # 360			
Pro	17 I	02906	Newport	t state RI	7.ip 02840	
Director Name Paggioli DO			Director Name	***		
Street Address 55 Kenyon Ave			Street Address			
Can Walceful of	State ZI	Zip 028.79	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the Provident Vice Provident Co.						

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

	Under penalty of perjury. I declare and a report, including any accompanying sched
FILED File Date	statements contained herein are true and c
JUN 1 7 2010	Signature of Officer
Check No. By 3/2/	Rest or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer Title of Officer

affirm that I have examined this lules and statements, and that all orrect.