



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 17135		2. Name of Corporation RADIATION ONCOLOGY ASSOCIATES, INC.			
3. Street Address Principal Business Office 825 NORTH MAIN STREET			City PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-521-9700		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RADIATION THERAPY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICKLAS B.E. OLDENBURG, MD			Vice President Name SCOTT A. TRIEDMAN, MD & GABRIELA B. MASKO, MD		
Street Address 825 NORTH MAIN STREET			Street Address 825 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name DONALD JOYCE, MD			Treasurer Name KATHY RADIE-KEANE, M.D.		
Street Address 825 NORTH MAIN STREET			Street Address 825 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GABRIELA B. MASKO, MD			Director Name SCOTT A. TRIEDMAN, MD & STEVEN C. LANE, MD		
Street Address 825 NORTH MAIN STREET			Street Address 825 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Director Name KATHY RADIE-KEANE, M.D. & DONALD JOYCE, MD			Director Name NICKLAS B.E. OLDENBURG, MD		
Street Address 825 NORTH MAIN STREET			Street Address 825 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 1,000	Class/Series COMMON	Par Value NO PAR	Number of Shares 508	Class/Series COMMON	Par Value NO PAR

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.

**FILED**

FEB 15 2011

File Date

By DS

Check No.

137334

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature

Date

NICKLAS B.E. OLDENBURG, MD

Print or Type Name

PRESIDENT

Title

**RADIATION ONCOLOGY ASSOCIATES, INC. #17135**

**2011 Annual Report**

7. Officers (cont'd):

Steven C. Lane, MD  
825 North Main Street  
Providence, RI 02904