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

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.	2. Name of Corporation
17135	RADIATION ONCOLOGY ASSOCIATES, INC.

3. Street Address Principal Business Office	City	State	Zip
825 NORTH MAIN STREET	PROVIDENCE	RI	02904

4. Business Phone No.	5. State of Incorporation
401-521-9700	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)*** ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
NICKLAS B.E. OLDENBURG, MD	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

Vice President Name	Street Address	City	State	Zip
SCOTT A. TRIEDMAN, MD & GABRIELA B. MASKO, MD	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

Secretary Name	Street Address	City	State	Zip
DONALD JOYCE, MD	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

Treasurer Name	Street Address	City	State	Zip
KATHY RADIE-KEANE, M.D.	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
GABRIELA B. MASKO, MD	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip
SCOTT A. TRIEDMAN, MD & STEVEN C. LANE, MD	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip
KATHY RADIE-KEANE, M.D. & DONALD JOYCE, MD	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip
NICKLAS B.E. OLDENBURG, MD	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

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9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
575	COMMON	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.

[redacted]

File Date _____

Check No. _____

By: _____

74561-7-734609
FOR SECRETARY OF STATE USE ONLY

FILED 1157
MAR 16 2012
BY 1166078

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statemen
contained herein are true and correct.

Signature *Date* 3/13/12

NICKLAS B.E. OLDENBURG, MD
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 12/06

RADIATION ONCOLOGY ASSOCIATES, INC. #17135

2012 Annual Report

7. Officers (cont'd):

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

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