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

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation 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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000157931

2. Name of Corporation Pratt Radiation Oncology Associates of Rhode Island, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: RHODE ISLAND HOSPITAL POB 130
110 LOCKWOOD STREET
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

FOR THE BENEFIT OF NEW ENGLAND MEDICAL CENTER HOSPITALS, INC., PROVIDE MEDICAL SERVICES TO PATIENTS OF NEMCH, CARRY ON AND PROMOTE BASIC AND APPLIED RESEARCH AND TEACHING IN THE FIELD OF MEDICINE AT NEMCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID WAZER M.D.	C/O RI HOSPITAL, 110 LOCKWOOD STREET, POB 130 PROVIDENCE, RI 02903 USA
TREASURER	THEODORE BUKOWSKI	TUFTS MEDICAL CENTER PHYSICIANS ORG., 800 WASHINGTON ST BOSTON, MA 02111 USA
SECRETARY	JEFFREY WEINSTEIN ESQ.	TUFTS MEDICAL CENTER, 800 WASHINGTON STREET BOSTON, MA 02111 USA
DIRECTOR	DAVID WAZER M.D.	C/O RI HOSPITAL, 110 LOCKWOOD STREET, POB 130 PROVIDENCE, RI 02903 USA
DIRECTOR	THOMAS A. DIPETRILLO M.D.	C/O RI HOSPITAL, 110 LOCKWOOD STREET, POB 130 PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN P. DRONEY	C/O RI HOSPITAL, 110 LOCKWOOD STREET, POB 130 PROVIDENCE, RI 02903 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN DRONEY POB 130 593 EDDY STREET PROVIDENCE , RI 02903

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

Signed this 25 Day of June, 2012 at 2:04:05 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID WAZER, M.D.
Signature of Officer of the Corporation

_X_ President or __ Vice President or __ Secretary or __ Assistant Secretary or

__ Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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