



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

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. ID No. 000148567

2. Exact Name of the Limited Liability Company Roger Williams Radiation Therapy, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO OPERATE A RADIATION THERAPY CENTER

5. Principal Office Address

No. and Street: 50 MAUDE STREET

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ALANA GRAMER Contact Title: PARALEGAL

No. and Street: 2270 COLONIAL BOULEVARD

City or Town: FORT MYERS State: FL Zip: 33907 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	NORTON L TRAVIS	1010 NORTHERN BLVD GREAT NECK, NY 11021 USA
MANAGER	SARAH FLAHERTY	2270 COLONIAL BLVD FORT MYERS, FL 33907 USA
MANAGER	BRYAN CAREY	2270 COLONAIL BLVD FORT MYERS, FL 33907 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of August, 2014 at 2:51:27 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 BRYAN J. CAREY
Signature of Authorized Person

Form No. 632
Revised 09/07

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