



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 17135		2. Exact name of the Corporation RADIATION ONCOLOGY ASSOCIATES, INC.			
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name NICKLAS B.E. OLDENBURG, MD			Vice-President Name SCOTT A. TRIEDMAN, 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, 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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name NICKLAS B.E. OLDENBURG, MD			Director Name SCOTT A. TRIEDMAN, 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 MD			Director Name 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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 29 2016

KL 17718

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 of Authorized Representative

NICKLAS B.E. OLDENBURG, MD

Print or Type Name of Authorized Representative

2/23/16
Date

RADIATION ONCOLOGY ASSOCIATES, INC. (#17135)

**2016 ANNUAL REPORT
ATTACHMENT**

Section 7. Officers (cont'd)

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

Sarah Allen Thurman, MD
Vice President
825 North Main Street
Providence, RI 02904

Section 8. Directors (cont'd)

Donald Joyce, MD
825 North Main Street
Providence, RI 02904

Sarah Allen Thurman, MD
825 North Main Street
Providence, RI 02904