



**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. <b>17135</b>		2. Exact name of the Corporation <b>RADIATION ONCOLOGY ASSOCIATES, INC.</b>								
3. Principal office address <b>825 NORTH MAIN STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>					
4. Business Phone No. <b>(401) 521-9700</b>			5. State of Incorporation <b>RHODE ISLAND</b>							
6. Brief description of the character of business conducted in Rhode Island <b>RADIATION THERAPY</b>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>										
President Name <b>NICKLAS B.E. OLDENBURG, MD</b>			Vice-President Name <b>SCOTT A. TRIEDMAN, MD</b>							
Street Address <b>825 NORTH MAIN STREET</b>			Street Address <b>825 NORTH MAIN STREET</b>							
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>					
Secretary Name <b>DONALD JOYCE, MD</b>			Treasurer Name <b>KATHY RADIE-KEANE, MD</b>							
Street Address <b>825 NORTH MAIN STREET</b>			Street Address <b>825 NORTH MAIN STREET</b>							
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>					
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>										
Director Name <b>NICKLAS B.E. OLDENBURG, MD</b>			Director Name <b>SCOTT A. TRIEDMAN, MD</b>							
Street Address <b>825 NORTH MAIN STREET</b>			Street Address <b>825 NORTH MAIN STREET</b>							
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>					
Director Name <b>KATHY RADIE-KEANE MD</b>			Director Name <b>STEVEN C. LANE, MD</b>							
Street Address <b>825 NORTH MAIN STREET</b>			Street Address <b>825 NORTH MAIN STREET</b>							
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>					
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
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**

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 \_\_\_\_\_ Date 2/23/16

**NICKLAS B.E. OLDENBURG, MD**

Print or Type Name of Authorized Representative

**FILED**

FEB 29 2016

KL 17718

**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