



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 74157		2. Exact name of the Corporation The Society of Rhode Island CLINICAL ONCOLOGY	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Address CANCER care in RI Community and address needs of patients and doctors and Access to quality CARE	
5. Principal Office Address 193 WATERMAN ST		City PROVIDENCE	State RI
		Zip 02906	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph DiBenedetto MD		Vice-President Name Alex Papa MD	
Street Address Same as above		Street Address NEWPORT HOSPITAL	
City WATERMAN	State RI	City NEWPORT	State RI
Zip 02879		Zip 02840	
Secretary Name JAMES SMYTHE MD		Treasurer Name JAMES SMYTHE MD	
Street Address 100 KENYON AVE		Street Address SAME AS	
City WATERFIELD	State RI	City NEWPORT	State RI
Zip 02879		Zip 02840	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph DiBenedetto		Director Name JAMES SMYTHE	
Street Address Same		Street Address Same	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
Director Name Alex Papa		Director Name JAMES SMYTHE	
Street Address Same		Street Address Same	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative JAMES SMYTHE MD			Date 5/11/2017
Signature of Officer/Authorized Representative <i>James Smythe MD</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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MAY 15 2017
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