



**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

**Foreign Non-Profit
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: 2018

1. Corporate ID No. 001019766

2. Name of Corporation University Radiation Medicine Foundation, Inc.

3. State of Incorporation

State: OH

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

541380

4. Corporate Address in Rhode Island

No. and Street: 60 SOUTH PARK PLACE

City or Town: PAINESVILLE

State: RI

Zip: 44077

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

CONTINUED RESEARCH IN THE MEDICAL FIELD OF RADIATION ONCOLOGY AND
DRUGS RELATED TO THE TREATMENT AND CARE FOR RADIATION ONCOLOGY
PATIENTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY J KINSELLA MD	196 CHANNEL VIEW WARWICK, RI 02889 USA
DIRECTOR	DANIEL TESSONI PHD	7 SANDY LANE PITTSFORD, NY 15434 USA
DIRECTOR	SUSAN WIERSMA MD	196 CHANNEL VIEW WARWICK, RI 02889 USA
DIRECTOR	NANCY KINSELLA	28 THE GREEN WATERTOWN, CT 06795 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

TIMOTHY J. KINSELLA, MD 196 CHANNEL VIEW WARWICK , RI 02889

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

Signed this 2 Day of July, 2018 at 1:20:45 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 § 7-6.

By SUSAN WIERSMA
Signature of Authorized Person

Form No. 631
Revised 09/07

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