



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 83432		2. Exact name of the limited liability company Oncology Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESSTATE OWNERSHIP	
5. Principal office address 235 PLAIN STREET, SUITE 203		City PROVIDENCE	State RI Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RAYMOND F CHAQUETTE		Contact Title Authorized Member	
Street Address 235 PLAIN STREET		City PROVIDENCE	State RI Zip 02905-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City *State *Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City *State *Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES IACOI, ESQ.		Address 171 BROADWAY	
Address Calenda & Iacoi, Ltd.		City PROVIDENCE	Zip 02903-

05 DEC 30 AM 9:55

This report must be signed in ink by an authorized person pursuant to 7-16-66.



8 3 4 3 2

83432 DLLC 11/21/05 10:10:08 AM

File Date 12/30/05

Check No. 13816

By: [Signature]

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]
Signature of Authorized Person Date
Raymond F. Chaquette 11/22/05
Print or type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 83432		2. Exact name of the limited liability company Oncology Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESSTATE OWNERSHIP	
5. Principal office address 235 PLAIN STREET, SUITE 203		Cty: PROVIDENCE	State RI Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RAYMOND F CHAQUETTE		Contact Title Authorized Member	
Street Address 235 PLAIN STREET		Cty: PROVIDENCE	State RI Zip 02905-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name		*Manager Name	
Street Address		*Street Address	
Cty	State	Zip	*Cty
*Manager Name		*Manager Name	
Street Address		*Street Address	
Cty	State	Zip	*Cty
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES IACOI, ESQ.		Address 171 BROADWAY	
Address Calenda & Iacoi, Ltd.		Cty: PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66



8 3 4 3 2

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.

83432 DLLC 11/10/04 01:30:34 PM

File Date 11/30/04

Check No. 9355

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 11-10-04
Signature of Authorized Person Date

Raymond F. Chaquette
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *83432*		2. Exact name of the limited liability company Oncology Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESSTATE OWNERSHIP	
5. Principal office address 235 PLAIN STREET, Suite 203		City PROVIDENCE	State RI
		Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RAYMOND F CHAQUETTE		Contact Title Member	
Street Address 235 PLAIN STREET, Suite 203		City PROVIDENCE	State RI
		Zip 02905	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES IACOI, ESQ.		Address 171 BROADWAY	
Address		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



83432 DLLLC6/30/032:53:28 PM

File Date 8-4-03

Check No 454

By: [Signature]

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.

Raymond F. Chaquette 7-1-03
Signature of Authorized Person Date

Raymond F. Chaquette
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *83432*		2. Exact name of the limited liability company Oncology Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESSTATE OWNERSHIP			
5. Principal office address 235 PLAIN STREET, Suite 203		City PROVIDENCE	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RAYMOND F CHAQUETTE			Contact Title Member		
Street Address 235 PLAIN STREET, Suite 203		City PROVIDENCE	State RI	Zip 02905	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JAMES IACOI, ESQ.		Address 171 BROADWAY			
Address		City PROVIDENCE	Zip 02903-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 8 3 4 3 2 *

83432 DLLC6/30/032:53:28 PM

File Date 7-4-03

Check No. 1947

By: [Signature]

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.

Raymond F. Chaquette 7/11/03
Signature of Authorized Person Date

Raymond F. Chaquette
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. *83432*		2. Exact name of the limited liability company Oncology Realty Associates, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island REAL ESSTATE OWNERSHIP	
5 Principal office address 235 PLAIN STREET, Suite 203		City PROVIDENCE	State RI
		Zip 02905	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name RAYMOND F CHAQUETTE		Contact Title Member	
Street Address 235 PLAIN STREET, Suite 203		City PROVIDENCE	State RI
		Zip 02905	
7 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
8 RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES IACOI, ESQ.		Address 171 BROADWAY	
Address		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 8 3 4 3 2 *

83432 DLLLC6/30/032:53:28 PM
File Date <u>8-4-03</u>
Check No. <u>1947</u>
By: <u>[Signature]</u>
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.

Raymond F. Chaquette 7/11/03
Signature of Authorized Person Date

Raymond F. Chaquette
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLIC 83432

Annual Report for the year 2001

1. The name of the limited liability company is:

Oncology Realty Associates, LLC

2. The address of the principal office of the limited liability company is:

235 Plain Street, Providence, RI 02905

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JAMES IACOI, ESQ.

171 BROADWAY PROVIDENCE RI 02903-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Raymond F. Chaquette, 235 Plain St.,

Providence, RI 02905

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchasing acquiring holding real & personal property of all
types for investment

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated

11/4/01

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.



8 3 4 3 2

Raymond F. Chaquette
Exact Name of Limited Liability Company

By

Raymond F. Chaquette

President

Title

FOR SECRETARY OF STATE USE ONLY
FILED

File Date:

NOV 15 2001

Check No.:

By 02275

By:

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 83432 Annual Report for the year 2000

- The name of the limited liability company is:
Oncology Realty Associates, LLC
- The address of the principal office of the limited liability company is:
235 Plain Street, Providence, RI 02905
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: James Jacoi, Esq.
171 Broadway, Providence, Rhode Island 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 235 Plain Street, Providence, RI 02905, Attn: Raymond F. Chaquette
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchasing, acquiring, holding and selling real and personal property of all types for investment
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Raymond F. Chaquette, Managing Member</u>	<u>235 Plain Street, Providence, RI 02905</u>

Dated 2/14, 2000

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.
Oncology Realty Associates, I.L.C

Exact Name of Limited Liability Company

FILED
FOR SECRETARY OF STATE USE ONLY
File Date: **FEB 15 2001**
Check No. By CE 32105
By: CE

ID: Hd 101
By: Raymond F. Chaquette
MANAGING MEMBER
Title

Form No. 632
Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 0083432

Annual Report for the year 1998

1. The name of the limited liability company is:

ONCOLOGY REALTY ASSOCIATES, LLC

2. The address of the principal office of the limited liability company is:

235 Plain Street, Providence, Rhode Island 02905

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Peter P. D'Amico, Esquire

194 Waterman Street, Providence, Rhode Island 02906

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: % Peter P. D'Amico

194 Waterman Street, Providence, Rhode Island 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Ownership

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Richard P. D'Amico

235 Plain Street, Providence, Rhode Island 02905

Dated 6-15, 1999

6-21-99
8548
AMF

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.

ONCOLOGY REALTY ASSOCIATES, LLC

Exact Name of Limited Liability Company

By *Richard P. D'Amico*

Operating Manager

Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 0083432

Annual Report for the year 1997

1. The name of the limited liability company is:

Oncology Realty Associates, LLC

2. The address of the principal office of the limited liability company is:

235 Plain Street, Providence, Rhode Island 02905

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Peter P. D'Amico, Esquire

194 Waterman Street, Providence, Rhode Island 02906

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: c.o Peter P. D'Amico

194 Waterman Street, Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Ownership

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Richard P. D'Amico

235 Plain Street, Providence, RI 02905

Dated 8/28, 1997

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.

FILED
SEP 11 1997
RP-0988

Exact Name of Limited Liability Company

By [Signature]

Operating Manager

Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1

State of Rhode Island and Providence Plantations

Office of the Secretary of State
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 83432

Annual Report for the year **1996**

FIRST: The name of the limited liability company is: **Oncology Realty Associates, LLC**

SECOND: The address of the principal office of the limited liability company is:

235 Plain Street, Providence, RI 02905

THIRD: The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

FOURTH: The name and address of its resident agent is:

Peter P. D'Amico, Esquire

194 Waterman Street, Providence, RI 02906

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

c/o Peter P. D'Amico, Esquire

194 Waterman Street, Providence, RI 02906

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real Estate Ownership

Dated..... October 15 19 96.....

ONCOLOGY REALTY ASSOCIATES, LLC

Exact Name of Limited Liability Company

File Date:	10/22
Check No:	1004
By:	KID
For Secretary of State Use Only	

*By Richard P. Amico
*To be signed in the manner required by the home state.

Title Operating Manager