

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secregory of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

2005 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: June 1 June 30 ... Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No 2 Name of Corporation 106293 Pratt Radiation Oncology Associates, Inc. 3 State of Incorporation povidence **MASSACHUSETTS** cay 5. Foreign corporation, Enterprincipal office address W 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. TO PROVIDE PHYSICIAN SERVICES. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Đ Street Address CHVZф 07111 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHE THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) COR ESS THAN THREE (3). R.I.G.L. 7-6-23 711 C 0 2111 02403 Street Address State Zip ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Agent Name Address DAVID WAZER, MD RHODE ISLAND HOSPITAL Address Zιp City **593 EDDY STREET PROVIDENCE** 02903 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	106293	ľ
	2/ /	S
File Date	1/27/05	4
Check No.	1004)
Ву:	OA	 7
Į.	OR SECRETARY OF STATE USE ONLY	7.

Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	at I have examined this statements, and that all
report, including any accompanying schedules and statements contained herein are true and correct.	> 6/1/05
Synature of Officer	Date
DAVID WAZER,	MD
Print or Type Name of Officer President	
Title of Officer	



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Fee: \$20.00 Filling Period: June 1 - June 30 • (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No 2 Name of Corporation 106293 Pratt Radiation Oncology Associates, Inc. 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Avuidence MASSACHUSETTS 5. Foreign corporation. Enter principal office address City 6 Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE PHYSICIAN SERVICES. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name 0,290.3 Street Address Ζip FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name AVIR State 02903 Director Name Street Address Cuy State Z_{ip} 02111 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 **RHODE ISLAND HOSPITAL** DAVID WAZER, MD City Zip Address **593 EDDY STREET** 02903 **PROVIDENCE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 0 6 <u>2 9 3</u> *	Under penalty of perjury, 1 declare and affirm that 1 have examined this report, including any accompanying schedules and statements, and that all
File Date	statements emitained Reference and correct.
Check No	Signature of Officer DAVER DAVIDER
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer PCSI dent
	Title of Officer

Matthew A. Brown, Secretary of State
Corporations Division
outh Main Street, Providence, PL02003, 1335

100 North Main Street, Providence, RI 02903-1335 401.222.3040



FOR SECRETARY OF STATE USE ONLY

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ION-PROFIT	CORPORATION ANNUAL REPORT FOR THE YEAR 2003
	Lune 20 & Filing Fee: \$20.00

Filing Period: June 1 - FORM MUST BE TYPED OF	June 30 • Filing Fce: \$20.00 R PRINTED IN BLACK)			
1. Carporate ID No.	2. Name of Corporation			
106293	Pratt Radiation Oncology Associates, Inc.	· · · · · · · · · · · · · · · · · · ·		······································
3. State of Incorporation	4. Corporate address in Rhode Island - Street A.	71	Ciry	e 02903
MASSACHUSETTS 5. Fureign corporation. Enter		idence.	State	Zip
5. I breign corporation. Taller	principal right calactiss y	C.,	1	1
6. Brief Description of the cha. TO PROVIDE PHYSICI.	racter of the affairs which are actually conducted in I AN SERVICES.	Rhode Island.	<u>Ļ</u>	
7. NAMES AND ADDRES	SES OF THE OFFICERS ("X" BOX FOR ATT	ACHMENT) TILL IN SPACE	S BEFORE USING AT	TACHMENTS
	Jazer MD	Vice President Name	DiPetrille	, MD
Sireel Address 750 Wa	shington S4	Sireei Address 750 W	ashington s	/ -
City Boston	State MA Zip OZIII	Cin Boston	State MA	Zip 0211/
Secretary Name Phy []	s Fabello	Treasurer Name Sour	ne (P. Fa	bello)
Street Address 750 W	ashington St	Street Address		
cin Beston	State MA Zip OZ [1]	City	State	Zip
8. NAMES AND ADDRESS THE NUMBER OF DIR	SES OF THE DIRECTORS ("X" BOX FOR AT A DECTORS OF A DOMESTIC (RHODE ISLAN	TACHMENT) THE SECOND SHALL NO.	SPACES BEFORE USIN OT BE LESS THAN THE	G ATTACHMENTS REE (3). R.I.G.L. 7-6-23
Director Name Brian	Percira MD	Director Name The odo	re Bukon	uski'
	ashington St.	Street Address 750 0	Vashingto	
Cin Boston	State () Zip OZ [/]	Boston	State	Zip 02///
Director Nante	Fabello	Director Name		
Street Address 750 (L	Mshingran ST	Siret Address		
Boston	State MA 251 02/11	City	State	Zip
9. REGISTERED AGENT Agent Name	IN RHODE ISLAND - DO NOT ALTER - Cha	Address	41 - R.I.G.L. 7-6-13 / 7-6	-78
DAVID_WAZER,_MD		RHODE ISLAND HOSPIT		
Address		City	Zip	
593 EDDY STREET		PROVIDENCE		02903
This report must be sign * 1 File Date 9-29	ned in ink by either the President. Vice P	Under penalty of perjur this report, including an	y, I declare and affirm that y accompanying schedule contained herein are true at	I have examined s and statements,
002	A1077	Signature of Officer		Date (

Form 631 Rev. 6/02

WAZER MD



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

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NON-PROFIT CORPORATION

Corporate ID Number <u>FNP-10</u>	6293	Annual Report for the year 2002		
The name of the corporation	n is Pratt Radiat	ion Oncology Associates, Inc.		
The state or other jurisdiction	n under the laws	of which it is incorporated is MASSACHUSETTS		
3. The address of the register	ed office of the c	orporation in this state is RHODE ISLAND HOSPITAL 593 EDDY		
STREET PROVIDENCE, R	1 02903			
and the name of its register	red agent in this s	state at that address is DAVID WAZER, MD		
 The character of the affairs Services 	, , , , , , , , , , , , , , , , , , ,			
5 If a foreign corporation, the incorporated is	address of its pri	ncipal office in the state or other jurisdiction under the laws of which it is		
Corporate address in Rhod	e Island same	as above		
	-			
	Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)			
NAME	OFFICE	ADDRESS		
David Wazer, MD	_Director	52 Arrowhead Circle, Ashland, MA 01721		
Thomas DiPetrillo, MD	Director	8 Buttercup Lane, Dover, MA 03030		
Theodore H. Bukowski	 Director	22 Tanglewood Drive, E. Hampstead, NH 03826		
David Wazer, MD	President	52 Arrowhead Circle, Ashland, MA 01721		
	Vice-President			
	 Secretary			
Theodore H. Bukowski	Treasurer	22 Tanglewood Drive, E. Hampstead, NH 03826		
Peter D. Crane	Clerk	7 Elbow Street, Attleboro, MA 02703		
Dated:		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.		
		Pratt Radiation Oncology Associates, Inc.		
		Exact Name of Corporation		
FOR SECRETARY OF STATE USE C	NLY	By Just Make		
ile Date: 5 20	-02	Title Clerk		
2121		(Report must be signed by an officer)		
heck No.:	i	Form No. 631 Revised 5/98		

Filing Fee: \$20.00

To be filed annually during the month of June



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NON-PROFIT CORPORATION			
Со	rporate ID Number <u>FNP-106293</u>	Annual Report for the year_2001	
1.	The name of the corporation is Pratt Radia	tion Oncology Associates, Inc.	
2.	The state or other jurisdiction under the laws	s of which it is incorporated is MASSACHUSETTS	
3.	The address of the registered office of the operation of the operation of the control of the con	corporation in this state is RHODE ISLAND HOSPITAL 593 EDDY	
	and the name of its registered agent in this	state at that address is DAVID WAZER, MD	
4.	. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is <u>Physician</u> Services		
5	If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is		
6.		ame as above	
7.		officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)	
	NAME OFFICE	ADDRESS	
	David Wazer, M.D. Director Nomb's Dipetrille, MD Director Now Bukon'Ski (for Director David Wazer, MD President Vice-President	52 Arrowhead Civole, As 4 land MH 0172 & Buthkup Lane Dover, MA 03030-2004 27 Tampkwood Dit, E. Hampsted, NH 0382/2 15 018 Cart Path Lane Pembroke MA	
	Cfer V. Cray e Secretary Cler K Treasurer	15 010 CAPT PARS LAKE TEMBPORETOR	
Da:	ted: 8/29/01	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. Praft Radiation Oncology Associates, Inc. Exact Name of Corporation	
ïle l	Oate: 10-9-0 /	Title	
hec	k No.: 1957	Form No. 631	

Filing Fee: \$20.00

To be filed annually during the month of June

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NON-PROFIT CORPORATION

		NOIT-F	NOTE CONFORMION	
Co	rporate ID Number <u>FNP</u>	P-106293	Annual Report for the year 2000	
1.	The name of the corpor	ation is Pratt Radia	tion Oncology Associates, Inc.	
2.	The state or other jurisd	liction under the law	s of which it is incorporated is MASSACHUSETTS	
3.	The address of the registered office of the corporation in this state is RHODE ISLAND HOSPITAL 593 EDDY			
	STREET PROVIDENC	E, RI 02903		
	and the name of its registered agent in this state at that address is DAVID WAZER, MD			
ŀ.	The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is physician specialty services			
5	If a foreign corporation, incorporated is	·	rincipal office in the state or other jurisdiction under the laws of which it is	
2	•			
5.	Corporate address in R	noda isistidsame	as above	
	NAME	OFFICE	Sland) corporation shall not be less than three (3).) ADDRESS	
Da	vid Wazer, MD	Director	96 Jericho Road	
		Director	Weston, MA 02493	
		Director		
Da	vid Wazer, MD	President	same as above	
		Vice-President	·	
Po	eter D. Crane	Secretary	15 Old Cart Path Lane Pembroke, MA 02359	
Da	avid Wazer, MD	Treasurer	same as above	
Da	ted: ///2/68	<u></u>	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.	
			Pratt Radiation Oncology Associates, Inc.	
l	* 1 0 <u>6</u> 2 9		Exact Name of Corporation	
F	FOR SECRETARY OF STATE	SE ONLY	By foller Clare	
le I	Date: APR 1 0 201	01	Title (lerk	
	Ry MA	u. e U	(Report must be signed by an officer)	
hec	k No.:	<u> U</u> D]		