Filing Fee: \$50.00



Form No. NP-7A Revised 4/98

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

NON-PROFIT CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

he thi	ursuant to the provisions of Section 7-6-74 of the General Laws, 1956, as amended, the undersigned corporation ereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits e following statement:
1.	The name of the corporation is Pratt_Radiation Oncology Associates Ind
2.	
3.	The date of its incorporation isMarch_23, 1992
4.	The address of its principal office in the state or country under the laws of which it is incorporated is 75 Kneeland Street, Suite 501, Boston, MA 02111
5.	The address of its proposed registered office in Rhode Island is c/o Rhode Island Hospital 593 Eddy Street
	Providence , RI 02903 and the name of its proposed registered agent in Rhode Island at (City/Town) (Zip Code)
	that address is DAVID WAZER, M.D
6.	The specific purpose or purposes which it proposes to pursue in conducting its affairs in Rhode Island are: To provide physician services.
-	
_	
-	58, 11 42 11 9 100 FILED
	NAY 3 1999

The names and respective addresses of its directors and officers are: Name Address Sole Director David Wazer, M.D. 750 Washington Street, NEMC 1013, Boston, MA 02111 Director____ Director____ President David Wazer, M.D. Same as above Vice President None Secretary____ Treasurer David Wazer, M.D. Same as above 8. This application is accompanied by certified copies of its articles of incorporation and all amendments thereto, duly authenticated by the secretary of state or other authorized officer of the jurisdiction of its incorporation. Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. Dated February 24, 19 99 PRATT RADIATION ONCOLOGY ASSOCIATES, INC. (Exact Corporate/Name/of/Corporation Making Application) ☐ Vice President (check one) ဩ .Clerk or Assistant Secretary (check one)