



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

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2021 JUL 15 P 2:04

1. Entity ID Number 74157		2. Exact name of the Corporation <i>The Society of Rhode Island Clinical Oncologist</i>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Address cancer care in RI community and address needs of patients and doctors and access quality care</i>			
4. NAICS Code 524114					
6. Principal Office Address 100 Kenyon Ave			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Di Benedetto MD			Vice-President Name Alessandra Papa MD		
Street Address 193 Waterman Street			Street Address 19 Friendship Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02840
Secretary Name			Treasurer Name James L. Smythe MD		
Street Address			Street Address 100 Kenyon Ave		
City	State	Zip	City Wakefield	State RI	Zip 02879
8. 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 Di Benedetto MD			Director Name Alessandra Papa MD		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name James L. Smythe MD			Director Name		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 L. Smythe MD					Date 7/1/2021
Signature of Officer/Authorized Representative <i>James L. Smythe MD</i>					FILED

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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BY AD RHHTR