



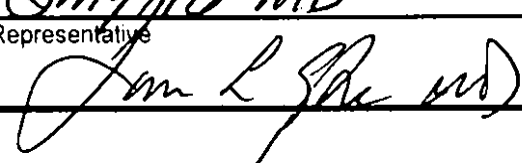
State of Rhode Island  
Department of State - Business Services Division

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

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