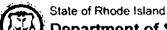
RI SOS Filing Number: 202199331510 Date: 7/15/2021 2:06:00 PM



## **Department of State - Business Services Division**

nnual Report for the year:

R.I. DEPT. OF STATE BUS SVCS DIV

2021 JUL 15 AM 2:04

difficult in the year.	7/1/01 ·
Non-Profit Corporation	2019
ton-i tone oorporation	•

- Filing period: June 1 June 30
- → Filing Fee: \$20.00
- → Penalty: Additional \$25.00 fee if form is not filed by July 30.

•		•		The second secon	7		
1. Entity ID Number	2. Exact nar	ne of the Corporation	<del></del>				
74157	The So	The Society of Rhode Island Clinical Oncologist					
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island  Address Concer Care in Rhode Island Commun. Hy					
4. NAICS Code	andag	andaddess weeds of parents and doctors and					
524114	access	to quality	con				
6. Principal Office Address	SCH	Cancer Center	City	State 0 1	Zip (7) C 3 (6)		
100 Kenyun	7, -	CHINE	Wakeheld		tous or allest world		
7. List ALL officers (names an President Name — "	addresses)		Vice-President Name	Check the box to ind	icate an attachment		
Joseph D. Benedetto MD			Alessondio lapa IVI)				
Street Address 193 Waterman Street			Street Address Frendship Street NIWPWI				
City Plovidence	State	2ip 0290L	City Newport	State	1284D		
Secretary Name			Treasurer Name Tomes L. Smytho MD				
Street Address			Street Address DOD KINGON AND SCH CONEY				
City	State	Zip	City Walubrid	State	102879		
8. List ALL directors (names	and addresses). RI	Corporations MUST li	st at least THREE directors.	Check the box to inc	dicate an attachment		
Director Name Toseph Di Benedetto MD			Director Name Alessondro Pope MI)				
Street Address SAME AS AhWY			Street Address SAME as Above				
City	State	Zip	City	State	Zιρ		
Director Name	TamesLo	Smyth MI	Director Name				
Street Address Sym P	05 05		Street Address				
City	State	Zıp	City	State	Zip		
9. The Registered Agent info	ormation of record v	vith the RI Department	of State is accurate. Changes	require filing Form 6	341.		
	declare and affirm	n that I have examine	d this report, including any a				
			ecretary. Treasurer, duly Authorized Rep	presentative, Receiver or	Trustee		
Name of Officer/Authorized	Representative	(R) 00 ()		Date	1		
James L	SMIT	TU INI)			1200		
Signature of Officer/Authoriz	ed Representative	7/	FILED	,	<i>'</i>		
MAIL TO:			JUL 1 5 2021	ITO 2:06			

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020