



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2019RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL 15 AM 2:04

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

1. Entity ID Number 74157		2. Exact name of the Corporation The Society of Rhode Island Clinical Oncologist			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Address cancer care in Rhode Island Community and address needs of patients and doctors and access to quality care			
4. NAICS Code 524114					
6. Principal Office Address 100 Kenyon Ave		City Woonsocket		State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph D. Benedetto MD		Vice-President Name Alessandro Papa MD			
Street Address 193 Waterman Street		Street Address 19 Friendship Street			
City Providence	State RI	Zip 02906	City Newport	State RI	Zip 02840
Secretary Name		Treasurer Name James L Smythe MD			
Street Address		Street Address 100 Kenyon Ave			
City	State	Zip	City Woonsocket	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 D. Benedetto MD		Director Name Alessandro Papa MD			
Street Address Same as Above		Street Address Same as Above			
City	State	Zip	City	State	Zip
Director Name Dr 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative James L. Smythe MD				Date 7/1/2021	
Signature of Officer/Authorized Representative 				FILED	

JUL 15 2021
BY **BRHTR** 2:06