RI SOS Filing Number: 202568218510 Date: 3/24/2025 4:00:00 PM



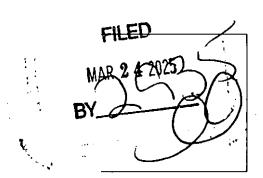
State of Rhode Island -Department of State - Business Services Division

Annual Report for the year: 2025 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Liability Company				
505093	Oncology-Hematology A	Oncology-Hematology Associates, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621111	Medical consulting.				
5. State of Formation					
Rhode Island					
6. Principal Office Address	City		State	Zip	
10 Hill Drive	Eas	t Greenwich	RI	02818	
7. Mailing Address of Limite	d Liability Company and Name or Title of Cor	ntact Person	*	•	
Contact Name Robert D.	Legare, M.D.	act Title			
Street Address 10 Hill Drive		East Greenwich	State RI	^{Zip} 02818	
8. The Resident Agent infor	mation currently of record with the RI Departr	nent of State is accurate	e. Changes require	e filing Form 642.	
	y, I declare and affirm that I have examined atements contained herein are true and-co		any accompany	ring schedules and	
Name of Authorized Person			Date		
Robert D. Legare, M	.D.	3.15.2025			
Signature of Authorized Per	son		•		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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