



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000106293

2. Name of Corporation Pratt Radiation Oncology Associates, Inc.

3. State of Incorporation

State: MA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

622110

4. Principal Office Address

No. and Street: 110 LOCKWOOD STREET

RI HOSPITAL, PHYSICIANS OFFICE

BLDG, SUITE 130

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE PHYSICIAN SERVICES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID WAZER, M.D.	RI HOSP., PHYSICIANS OFFICE, STE 130, 110 LOCKWOOD ST. PROVIDENCE, RI 02903 USA
SECRETARY	LAUREN RIPLEY	TMCPD, 800 WASHINGTON STREET BOSTON, MA 02111 USA
TREASURER	ASSAD SIDDIQI	TMCPD, 800 WASHINGTON STREET BOSTON, MA 02111 USA
DIRECTOR	DAVID WAZER, M.D.	RI HOSP. PHYSICIANS OFFICE, 110 LOCKWOOD STREET, SUIT PROVIDENCE, RI 02903 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN DRONEY RI HOSPITAL, PHYSICIANS OFFICE 110 LOCKWOOD STREET, SUITE 130
PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of August, 2023 at 3:30:12 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID WAZER, M.D.
Signature of Authorized Person

Form No. 631
Revised 09/07

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