



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

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**Statement of Change of Registered Office**  
 DOMESTIC or FOREIGN Business Corporation

—> No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number <b>1729815</b>		2. Exact Name of the Corporation <b>Harbour Direct Primary Care, Inc.</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>144 Wayland Avenue</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02906</b>
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>211 Quaker Lane, Suite 201</b>			
City/Town <b>West Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02893</b>
5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input type="checkbox"/> Date received (Upon filing)			
<input checked="" type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) <u>10/24/2022</u>			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation <b>Orson and Brusini Ltd.</b>			Date <b>10/21/2022</b>
Signature of the Registered Agent/Officer of the Corporation <i>[Handwritten Signature]</i>			

FILED 2.02  
 OCT 21 2022  
 BY *[Handwritten Signature]*

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov