



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

**Statement of Change of Registered Agent**  
 DOMESTIC or FOREIGN Non-Profit Corporation

2023 FEB 15 PM 1:36

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Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000029592		2. Exact Name of the Corporation Rhode Island Chapter of the American College of Physicians	
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 9 Strawberry Dr			
City/Town Barrington		State RHODE ISLAND	Zip 02806
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Audrey R. Kupchan, MD			
5. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) Miriam Hospital, 164 Summit Ave.			
City/Town Providence		State RHODE ISLAND	Zip 02906
6. The name of the <b>NEW</b> registered agent is: Kwame Dapaah-Afriyie, MD			
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
8. The change was authorized by a resolution duly adopted by its board of directors. <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>			
Name of President/Vice President of the Corporation Kwame Dapaah-Afriyie			Date 2/10/2323
Signature of President/Vice President of the Corporation 			

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

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