



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number <b>60423</b>		2. Exact Name of the Corporation <b>Charles C. Calenda, M.D., 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>1 Ship Street</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02903</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>John A. Glasson, Esquire</b>			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>116 Orange Street</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02903</b>
6. The name of the <b>NEW</b> registered agent is: <b>Stephen M. Litwin, Esquire</b>			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____			
<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 Authorized Officer of the Corporation <b>CHARLES C CALEND M.D.</b>			Date <b>11/29/17</b>
Signature of Authorized Officer of the Corporation 			

12:07

**FILED**

**DEC 11 2017**

BY 319562

**MAIL TO:**  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov