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 SECRETARY OF STATE
 CORPORATIONS DIV

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

→ No Filing Fee

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

1. Entity ID Number 32103	2. Exact Name of the Corporation Providence Medical Association	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 235 Promenade Street, Suite 500		
City/Town Providence	State RHODE ISLAND	Zip 02908
4. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 405 Promenade Street, Suite A		
City/Town Providence	State RHODE ISLAND	Zip 02908
5. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).		
6. If recorded by the corporation, 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 these Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>		
Name of the Registered Agent/President or Vice President of the Corporation Newell E. Warde, PhD	Date 6-20-16	
Signature of the Registered Agent/President or Vice President of the Corporation SIGN DOCUMENT HERE		

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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