



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

2016 NOV 18 PM 1:02
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

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 agent in the State of Rhode Island:

1. Entity ID Number <u>1166262</u>	2. Exact Name of the Corporation <u>New England Medical Training Institute Inc.</u>		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <u>682 Central Avenue</u>			
City/Town <u>Pawtucket</u>	State RHODE ISLAND	Zip <u>02861</u>	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <u>203 Concord St Unit 463</u>			
City/Town <u>Pawtucket</u>	State RHODE ISLAND	Zip <u>02860</u>	
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the day of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
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.			
Name of the Registered Agent/Officer of the Corporation <u>Nicholas Spencer</u>			Date <u>11/18/2016</u>
Signature of the Registered Agent/Officer 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

FILED

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BY A.A. 1:02pm