

R.I. DEPT. OF STATE BUS SYNC DIV 2017 JAN 20 AM II: 00

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

following statement for the purpose of changing its registered agent in the State of Rhode Island:		
1. Entity ID Number 2. Exact Name of the Corporation		
114549 Health Network, Anc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 875 Centerville Rd	, 5te 4	
City/Town Warwick	State RHODE ISLAND	0288 (p
4. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 1200 Concenwich Ave		
City/Town Warwick	State RHODE ISLAND	Zip 02886
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		Date
Richard Emelman		1/20/16
Signature of the Registered Agent/Officer of the Corporation		
SIGN DOCUMENT HERE		

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 2 0 2017 BY 2 9 3 4 5 4