RI SOS Filing Number: 201745014680 Date: 6/7/2017 11:37:00 AM



## **Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

4. Fulls ID Noveley			
following statement for the purpose of changing its registered agent in the State of Rhode Island:			
	GL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the		

1. Entity ID Number	2. Exact Name of the Corporation			
000096658	DEEPAK SALUJA, D.M.D., INC.			
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:	
Street Address 145 Phenix Avenue				
City/Town Cranston		State RHODE ISLAND	<sup>Zip</sup> 02920	
4. The address of the <b>NEW</b> registered office is:				
Street Address (NOT a P.O. Box) 481 Atwood Avenue				
City/Town Cranston		State RHODE ISLAND	<sup>Zip</sup> <b>02920</b>	
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 //		
John S. DiBona		5/1//1		
Signature of the Registered Agent/Officer of the Corporation				
SIGN BOCUMENT 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** 

JUN 07 2017

By ce 11:37