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	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
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## Statement of Change of Registered Office

OMESTIC or FOREIGN	· · ·				
→ No Filing Fee					
Pursuant to the provisions of Rollowing statement for the purp	IGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> th cose of changing its registered	e undersigned corporation su agent in the State of Rhode Is	bmits the sland:		
1. Entity ID Number	ntity ID Number 2. Exact Name of the Corporation				
000012373	Doctors John Turchetta and Brad J. Turchetta a Professional Corporation				
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:					
Street Address 145 Phenix Avenue					
City/Town Cranston		State RHODE ISLAND	<sup>Zip</sup> <b>02920</b>		
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> 02920		
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 Ager	Date				
John S. DiBona	5////				
Signature of the Registered Agent/Officer of the Corporation SIGN SECUMENT 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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