



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

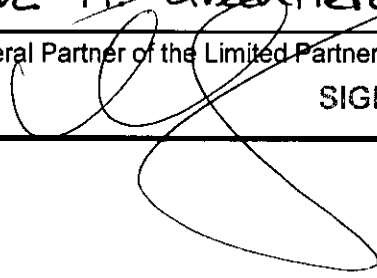
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Statement of Change of Registered Office

DOMESTIC or FOREIGN Limited Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL 7-13-4 the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of Rhode Island:

1. Entity ID Number 001659400		2. Exact Name of the Limited Partnership Rhode Island Residential Assisted Living, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1 Ship St.			
City/Town Providence		State RHODE ISLAND	Zip Code 02903
4. The address of the NEW registered agent is:			
Street Address (<u>NOT</u> a P.O. Box) 116 Orange St.			
City/Town Providence		State RHODE ISLAND	Zip Code 02903
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Specified Office and/or Registered Agent by the Limited Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner of the Limited Partnership Marc A. Greenfield			Date 8-11-17
Signature of General Partner of the Limited Partnership  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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BY 