



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 NOV - 6 AM 9:17

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entity ID Number 805591		2. Exact Name of the Limited Liability Company Kathleen Sullivan Behavioral Health LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 53 High Street Unit #307			
City/Town Westery		State RHODE ISLAND	Zip RI 02891
4. The address of the NEW resident office is: C/O Dawn Oliveri			
Street Address (NOT a P.O. Box) 190 Plainfield Street			
City/Town Providence		State RHODE ISLAND	Zip 02909-0637
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Kathleen Sullivan - Cargis			Date 10-30-17
Signature of Authorized Person of the Limited Liability Company [Signature] 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

9:19 AM

FILED

NOV 06 2017

BY

KM



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

November 06, 2017 09:19 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

