



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

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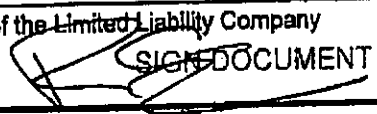
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**Statement of Change of Agent**  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001100066	2. Exact Name of the Limited Liability Company OCEAN STATE PRIMARY CARE CENTER OF COVENTRY, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 18 IMPERIAL PLACE, SUITE 4D			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ROBERT S. BRUZZI, ESQ.			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip 02914	
6. The name of the NEW resident agent is: C T Corporation System			
7. 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 Robert Crausman			Date November 28, 2017
Signature of Authorized Person of the Limited Liability Company  SIGNED 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

**FILED**

DEC 05 2017

BY CU 319095