

## Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

FORM 640 - Revised: 11/2017

following statement for the purpose					<i></i>
1. Entity ID Number 2. E	xact Name of the Corpo	oration			
000798353 JA	IMINI A. DESA	AI,D.M.D.,INC			• 3
3. The address of the registered of	fice as PRESENTLY sh	own in the records on file with t	he RI Depa	rtment of	State:
Street Address 1 Richmond Squar	e			, ,	
City/Town Providence		State RHODE ISLAND	Zip 02906		
4. The name of the registered agei	nt as PRESENTLY show	wn in the records on file with the	RI Departr	nent of St	ate:
Henry R. Kates, Esq					,
5. The address of the NEW registe					
Street Address (NOT a P.O. Box) 80 (	Quaker Lane				enturnaturu intere ti
City/Town Warwick		State RHODE ISLAND	Zip 0288	36 dinga, 66	
6. The name of the NEW registered	d agent is:		-		
Jaímìni A. Desai,D.M.D.			- -		· · · · · · · · · · · · · · · · · · ·
7. Date when this Statement of Ch	ange of Registered Age	ent will be effective: CHECK ON	E BOX ON	L:Y	
Date received (Upon filing)			•	7 31	· · <del></del>
Later effective date (Date mus	st be no more than 90 d	lays from the date of filing)			<u> </u>
Under penalty of perjury, I declare Corporation, and that all statement			nge of Regi	stered Age	ent by the "
Name of Authorized Officer of the Corporation			Date		
Jaimini A. Desai, D.M.D.			03-29-2018		
Signature of Authorized Officer of t	he_Corporation		ند	ربد رجوا ق	. مصاب مبرسكة فهورم
	SIGN DO	ENMENT HERE			
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_				<u> </u>	A SECTION OF PROPERTY.
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MAIL TO:		FILE	ח	Silv	
Division of Business Services 148 W. River Street, Providence, Rhode	Jeland 02004 2615	) liste		214	
148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040		APR <b>0 2</b> 2	2018		
Website: www.sos.ri.gov 🕠		1/1 3		_	<b>→</b> , •
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