State of Rhode Island and Providence Plantations Department of State - Business Services Division				
Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company → No Filing Fee				
	RIGL <u>7-16-11</u> the undersigned li pose of changing its resident o			
1. Entity ID Number 821891	2. Exact Name of the Limited Partners Medical			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 450 Veterans	Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	^{Zip} 02194	
4. The address of the NEW re			•	
Street Address (NOT a P.O. Box) 433 Thames Street Unit C				
City/Town Newport		State RHODE ISLAND	^{Zip} 02840	
·· <u>·</u> ····	of Change of Resident Office w	vill be effective: CHECK ONE I	BOX ONLY	
Date received (Upon filin	e must be no more than 30 day	ys from the date of filing)		
Under penalty of perjury, I de	clare and affirm that I have exa ad that all statements contained	mined this Statement of Chan	ge of Residen	t Office by the
Name of Authorized Person of	1	Date		
Steven Drooker			May 31, 201	8
Signature of Authorized Person of the Limited Liability Company				
				RECEIVED SECRETARY OF S CORPORATIONS
MAU TO:		F	ILED	TATE DIV
MAIL TO: Division of Business Services 148 W. River Street, Providence. Phone: (401) 222-3040	Rhode Island 02904-2615	IUL	N 0 6 2018 33206	11/19
Website: www.sos.ri.gov		BY Cu	33204	2

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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:

June 06, 2018 11:19 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

