Piling fee: \$10.00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH,

OF -

•	Rhode Island	l District Branch	of the American Psychiatric Association	
	retary of Sta State of Rh	,	· <b>.</b>	
		•	·7 : 1-11 .	
		(lasert "7-1.1-12" #	tion 7-1-1-12 of the General Laws, 195 a domestic surporation, or "7-1.1-107" if a fereign corporatio	<b>.</b> .)
amended, t	<b>he undersig</b> r	ed corporation, (	organized under the laws of the State of	
			ving statement for the purpose of changing or both, in the State of Rhode Island:	g iti
_		_	•	
Anerica:	n Psychiatric	Association	on is Rhode Island District Branch of the	··· ······
		ess of its present Providence, RI	registered office is _C/O Bobert Jobuston 02908	
Third	The address. Harrop, M	ss to which its re	gistered office is to be changed is Avenue, Providence, RI 02906	
Fourt	H: The nam	e of its present :	registered agent is Robert Johnston	********
First	: The name	of its successor	registered agent is . Daniel S. Harrop. M.D.	
Dated M	ay 20	<b>, 19</b> <sup>85</sup>	By Daniel of Hango and and	*******
			Its Secretary-Treasurer	*******
STATE OF RECOUNTY OF		} sc.		
A4	Barring	tin	in said sounty on this . 24.44	<b></b>
s m	Pay .	. 1985	personally appeared before me	цау
Daniel S.	Harrop, M.D.	, who,	in said county on this 20th, personally appeared before me being by me first duly sworn, declared that	he
P mis	ritte en talta e		Psychiatric Association	
hat he signe	ed the lorego	ing document a	S Secretary-Treasurer of	n 
orporation,	and that the	statements ther	ein contained are true.	the
		_		*** ***
			1 . ~	*** ***
NOTARIA:	L SEAL)	OF THE CHEK	Lucia De Raffe	*** ***
notaria:	L SEAL)	VF 195 212	Linda J. B. F. Woler Palle My Commission expires 6 30 86	*** ***