



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

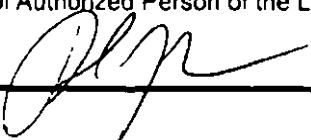
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SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 14 PM 1:32

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 001684790	2. Exact Name of the Limited Liability Company SNMC LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.		
Street Address 41 NYATT ROAD		
City/Town BARRINGTON	State RHODE ISLAND	Zip 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Paul J. Salem		
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		
☒ Date received (Upon filing)		
☐ 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 Paul J. Salem		Date 9/10/18
Signature of Authorized Person of the Limited Liability Company  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

FILED

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FORM 642 - Revised 07/2016