



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

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 2018 OCT 31 PM 12:31

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:

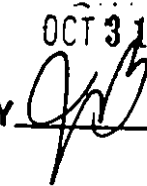
1. Entity ID Number 268176		2. Exact Name of the Limited Liability Company New England Health and Wellness	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 80 Lambert Lind Hwy			
City/Town Warwick	State RHODE ISLAND	Zip 02880	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: John E. Migliaccio			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 120 ARNOLD AVE.			
City/Town CRANSTON	State RHODE ISLAND	Zip 02905	
6. The name of the NEW resident agent is: John E. Migliaccio			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the date 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 John E. Migliaccio			Date 10/31/18
Signature of Authorized Person of the Limited Liability Company John E. Migliaccio 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

OCT 31 2018

BY 



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:

October 31, 2018 12:31 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

