



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2018 OCT 31 PM 12:51

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000087483		2. Exact Name of the Corporation A Caring Experience Nursing Services, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <u>276 Mendon Road, Suite 200</u>			
City/Town <u>Cumberland</u>		State RHODE ISLAND	Zip <u>02864</u>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: James A. Bigos, Esq.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 815 Reservoir Ave			
City/Town Cranston		State RHODE ISLAND	Zip 02910
6. The name of the NEW registered agent is: Diane Toher			
7. Date when this Statement of Change of Registered 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 Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation Dean M. DeNuccio			Date 10/24/18
Signature of Authorized Officer of the Corporation <u>Dean M. DeNuccio</u> 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

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OCT 31 2018

BY TJS8P

A.A. 12:51pm