



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JAN 17 AM 8:58

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number 000027527	2. Exact Name of the Corporation Newport Health Care Corporation	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 167 Point Street		
City/Town Providence	State RHODE ISLAND	Zip 02903
4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 245 Chapman Street, Suite 200		
City/Town Providence	State RHODE ISLAND	Zip 02905
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____		
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).		
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.		
Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.		
Name of the Registered Agent/President or Vice President of the Corporation Paul J. Adler	Date 1/16/19	
Signature of the Registered Agent/President or Vice President of the Corporation 		

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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