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

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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	2. Exact Name of the Corporation
000029890	**Gateway Healthcare, Inc.**

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**

☑ Date received (Upon filing)

☐ 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	Date
Paul J. Adler	1/16/19

Signature of the Registered Agent/President or Vice President of the Corporation

Paul J. Adler

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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