

Filing Fee: \$20.00

ID Number: DLLC 109023



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**LIMITED LIABILITY COMPANY**

**STATEMENT OF CHANGE OF RESIDENT AGENT**

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:  
CARPENTIER REALTY, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
GELFUSCO & LACHUT, INC. 1193 RESERVOIR AVENUE CRANSTON, RI 02920
3. The NEW address of the resident agent is:  
CRANSTON MEDICAL, INC. 495 ATWOOD AVENUE CRANSTON, RI 02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
GELFUSCO & LACHUT, INC.
5. The name of the NEW resident agent is:  
CRANSTON MEDICAL, INC.
6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: OCTOBER 24, 2001

CARPENTIER REALTY, LLC  
Print Name of Limited Liability Company

[Signature]  
Signature of Authorized Person

**FILED**

**OCT 26 2001**

By SC 86

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