



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

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CORPORATIONS DIV
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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.

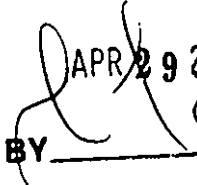
1. Entity ID Number 001670509	2. Exact Name of the Limited Liability Company CTS Care Management, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 10 DORRANCE STREET, SUITE 700	
City/Town PROVIDENCE	State RHODE ISLAND Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATE CREATIONS NETWORK INC.	
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND Zip 02914
6. The name of the NEW resident agent is: C T Corporation System	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX ☒ Date received (Upon filing) ☐ Later effective date (Date must be no more than 30 days from the day 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 Stephanie Boehm	Date 4/27/2019
Signature of Authorized Person of the Limited Liability Company  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

STAMP

FILED

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FORM 642 - Revised 07/2016
BY 
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