



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

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 SECRETARY OF STATE
 CORPORATION DIV.
 2019 JUN 10 PM 12:43

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number 127168	2. Exact Name of the Corporation Rhode Island Neurosurgical Institute, Inc.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 670 Willett Avenue	
City/Town East Providence	State RHODE ISLAND Zip 02915
4. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 35 Highland Avenue	
City/Town East Providence	State RHODE ISLAND Zip 02914
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY	
<input type="checkbox"/> Date received (Upon filing) <input checked="" type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) <u>July 1, 2019</u>	
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>	
Name of the Registered Agent/Officer of the Corporation Dean G. Robinson, Esq.	Date 6-5-19
Signature of the Registered Agent/Officer of the Corporation <div style="text-align: right; font-size: small;">SIGN DOCUMENT HERE</div>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

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BY

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