

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

--> No Filing Fee

2019 JUN 10, P	RECEIVED SECRETARY OF S CORPORATIONS
5 PH 12: 43	ANG SIME BANG ANG BANG ANG

1. Entity ID Number	2. Exact Name of the Corpora	2. Exact Name of the Corporation			
1337630	Ritu Goel, MD, El	Ritu Goel, MD, ENT, P.C.			
3. The address of the reg	gistered office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:		
Street Address 670 Willet	t Avenue				
City/Town East Providen	ce	State RHODE ISLAND	^{Zıp} 02915		
4. The address of the NE					
Street Address (NQT a P.O	· Box) 35 Highland Avenue				
City/Town East Providen	се	State RHODE ISLAND	Zip 02914		
5. Date when this Staten	nent of Change of Registered Office	e will be effective: CHECK ON	E BOX ONLY		
Date received (Upo	n filing)	lube	4 2010		
✓ Later effective date	(Date must be no more than 30 da	ys from the date of filing)	1, 2019		
6. A copy of this Stateme	ent has been mailed to the corporat	ion (applicable when agent rec	cords statement).		
Under penalty of perjury,	I declare and affirm that I have example to the last of the last o	· · ·			
Name of the Registered Agent/Officer of the Corporation		Date			
Dean G. Robinson, Esq			6-5-19		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 10 2019 BY______

12:43