



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

RECEIVED
 RI DEPT. OF STATE
 BUS. SVCS. DIV.
 2019 JUL -1 PM 2:27

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office **ONLY** in the State of Rhode

1. Entity ID Number 000686041	2. Exact Name of the Limited Liability Company SPINNAKER HEALTH CARE, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 18 IMPERIAL PLACE, SUITE 4D	
City/Town PROVIDENCE	State RHODE ISLAND Zip 02903
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 20 AUDUBON LANE	
City/Town HOPE	State RHODE ISLAND Zip 02831
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.</i>	
Name of Authorized Person of the Limited Liability Company ROBERT S. BRAZZI, ESQ.	Date 6/25/19
Signature of Authorized Person of the Limited Liability Company <i>Robert S. Brazzi</i> 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

FILED

JUL 01 2019
 BY A.A. 2:27pm STAMP
SECRETARY OF STATE
 USE ONLY



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 01, 2019 02:27 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

