



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

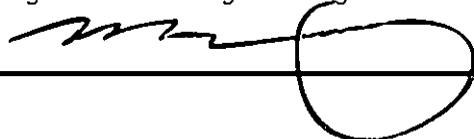
Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 JUL 3 PM 2:03
FOR

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 155866		2. Exact Name of the Corporation Chad P. Nevola, M.D., Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1 FINANCIAL PLAZA, STE. 1800			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 321 SOUTH MAIN STREET, 4th FLOOR			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
5. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
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 MICHAEL F. SWEENEY, ESQ.		Date 6/18/2019	
Signature of the Registered Agent/Officer of the Corporation  SIGN DOCUMENT HERE			

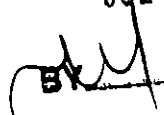
MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED
STAMP
JUL 03 2019
FOR

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