



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Professional Corporation  
Statement of Change of Registered/Resident Agent**

(Section 7-1.2-502 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the corporation is Arrowhead Dental Associates Incorporated

**ARTICLE II**

The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

4995 SOUTH COUNTY TRAIL CHARLESTOWN , RI 02813

The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

BRUCE D. GOUIN, DMD

**ARTICLE III**

The address of the NEW registered office is:

No. and Street: C/O PARTRIDGE SNOW & HAHN LLP  
40 WESTMINSTER STREET, SUITE 1100

City or Town: PROVIDENCE

State: RI

Zip: 02903

The name of the NEW registered agent is:

JAMES H. HAHN, ESQ.

**ARTICLE IV**

The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on

*(a date not prior to, nor more than 30 days after, filing this statement)*

**Signed this 18 Day of September, 2019 at 9:31:32 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

M. CHRISTINE BENOIT

Signature of Authorized Officer of the Corporation

© 2007 - 2019 State of Rhode Island and Providence Plantations  
All Rights Reserved