P.039/046

2019 SEP 25 A 11: 48



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



2. Exact Name of the Corporation SOLON HEALTHCARE POLICY ADVISORY, INC. 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 85 DOUGLAS PIKE, SUITE 102 City/Town 8MITHFIELD State RHODE ISLAND Zip 02817 4. The address of the NEW registered office is: Street Address (NOI a P.O. Box) 1364 3MITH 8TREET City/Town NORTH PROVIDENCE State RHODE ISLAND Zip 02911 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) 6. A copy of this Statement has been malled to the corporation (applicable when agent records statement). Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and the all statements contained herein are true and correct. Name of the Registered Agent/Officer of the Corporation Date	Pursuant to the provision: following statement for th	s of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the s purpose of changing its registered o	e undersigned corporation su office ONLY in the State of R	bmits the	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 85 DOUGLAS PIKE, SUITE 102 City/Town SMITHFIELD State RHODE ISLAND Zip 02817 4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 1364 3MITH STREET City/Town NORTH PROVIDENCE State RHODE ISLAND Zip 02911 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filling) 8. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). Under penalty of perfury, I declare and affirm that I have examined this Statement of Change of Registered Office, and the site attements contained herein are true and correct. Name of the Registered Agent/Officer of the Corporation SEAN GREENFIELD, CPA Signature of the Registered Agent/Officer of the Corporation	1. Entity ID Number				
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Signature of the Registered Agent/Officer of the Corporation	Name of the Registered Agent/Officer of the Corporation			Date	
A STATE OF THE PARTY OF THE PAR	SEAN GREENFIELD, CPA			09/27/19	
ONSH DOCLUMENT HERE	Signature of the Register	red Agent/Officer of the Corporation		<u> </u>	
		SHOW DOCK	MENTHERE		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Websits; www.sos.ri.gov

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