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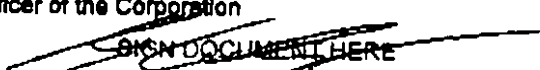


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Statement of Change of Registered Office
DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 001698711		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 SMITHFIELD		State RHODE ISLAND	Zip 02817
4. The address of the NEW registered office is: Street Address (NOI a P.O. Box) 1364 SMITH 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 <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 SEAN GREENFIELD, CPA			Date 09/27/19
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

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FORM 840A - Revised. 04/2018