



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

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CORPORATIONS DIV

2019 NOV 12 PM 1:42

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation **LLC**

→ Filing Fee: \$20.00

7-16-11

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 agent in the State of Rhode Island:

1. Entity ID Number 000792614		2. Exact Name of the Corporation LLC Ocean State Cardiovascular and Vein Center, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1. Robinson & Cole LLP One Financial Plaza Ste 1430			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph B. White, Esq.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 100 Midway Place, Ste. 1			
City/Town Cranston		State RHODE ISLAND	Zip 02920
6. The name of the NEW registered agent is: V. Edward Formisano, Esq.			
7. Date when this Statement of Change of Registered Agent 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) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation LLC Walid Saher			Date 10/30/19
Signature of Authorized Officer of the Corporation LLC 			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

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FORM 640 - Revised: 04/2018

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