



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

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Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

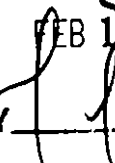
→ Filing Fee: \$20.00

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 000071680		2. Exact Name of the Corporation ADDICTION RECOVERY INSTITUTE, INC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 129 RIVER RUN ROAD			
City/Town MIDDLETOWN		State RHODE ISLAND	Zip 02842
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: GORDON P. CLEARY			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 57 STONEGATE DRIVE			
City/Town PORTSMOUTH		State RHODE ISLAND	Zip 02871
6. The name of the NEW registered agent is: JEANNE O'REILLY			
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 EILEEN HOFF			Date 2/4/2020
Signature of Authorized 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

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BY  **16SJC**
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