



**State of Rhode Island and Providence Plantations**

OFFICE OF THE SECRETARY OF STATE  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903-1335  
NON-PROFIT CORPORATION

PLEASE TAKE NOTICE  
that the corporation must be in good standing prior to filing

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH  
OF**

**Providence Ambulatory Health Care Foundation, Inc.**

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section ..... of the General Laws, 1956, as amended,  
(Note 1)  
the undersigned corporation, organized under the laws of the State of Rhode Island,  
submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State  
of Rhode Island:

FIRST: The name of the corporation is Providence Ambulatory Health Care Foundation, Inc.

SECOND: The address of its then registered office is 469 Angell St., Prov., RI 02906

THIRD: The address to which its registered office is to be changed is 375 Allens Ave., Prov., RI 02905

FOURTH: The name of its then registered agent is Stanley Hoyt Block, MD

FIFTH: The name of its successor registered agent is Ronald Winter

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed,  
will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated April 25, 19 96

Providence Ambulatory Health Care Foundation, Inc.,  
(Note 2)

By Mary Jones (Note 3)  
Mary Jones

Its Chairperson  
~~President~~

- NOTES:
1. Insert "7-6-13" if a RI non-profit corporation, or "7-6-78" if a foreign non-profit corporation.
  2. Exact corporate name of corporation making statement.
  3. Signature and title of officer signing for the corporation (if a registered agent in changing his/her business address, the registered agent may sign the statement).

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SECRETARY OF STATE  
CORPORATIONS DIV.

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