



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 DEC -3 PM 12:10

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<br><b>000142899</b>                                                                                                                                                             |  | 2. Exact Name of the Corporation<br><b>WE CARE FOR KIDS DENTAL, INC.</b> |                         |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |  |                                                                          |                         |
| Street Address<br><b>2224 PAWTUCKET AVE</b>                                                                                                                                                         |  |                                                                          |                         |
| City/Town<br><b>EAST PROVIDENCE</b>                                                                                                                                                                 |  | State<br><b>RHODE ISLAND</b>                                             | Zip<br><b>02914</b>     |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>BEN ACETO, CPA</b> Resigned February 24, 2020                           |  |                                                                          |                         |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |  |                                                                          |                         |
| Street Address (NOT a P.O. Box)<br><b>469 Centerville Road, Suite 204</b>                                                                                                                           |  |                                                                          |                         |
| City/Town<br><b>Warwick</b>                                                                                                                                                                         |  | State<br><b>RHODE ISLAND</b>                                             | Zip<br><b>02886</b>     |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Christopher A. D'Ovidio, Esq.</b>                                                                                                          |  |                                                                          |                         |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |  |                                                                          |                         |
| <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<br><b>LESLIE A. OLTON</b>                                                                                                                             |  |                                                                          | Date<br><b>11 30 20</b> |
| Signature of Authorized Officer of the Corporation<br><i>Leslie A. Olton</i>                                                                                                                        |  |                                                                          |                         |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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