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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

2021 JAN -8 AM 11: 44

1. Entity ID Number	2. Exact Name of the Corpora	2. Exact Name of the Corporation		
000094264	0094264 Geret A. Dubois, M.D., Inc.			
3. The address of the reg	istered office as PRESENTLY sho	wn in the records on file with the	ne RI Department of State:	
Street Address 155 South	Main Street, Suite 304		-	
City/Town Providence		State RHODE ISLAND	^{Zip} 02903	
4. The address of the NE				
Street Address (<u>NQT</u> a P.O.	Box) 155 South Main Street, Sui	te 203		
City/Town Providence		State RHODE ISLAND	^{Zip} 02903	
5. Date when this Statem	ent of Change of Registered Office	e will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upor	n filing)			
Later effective date	(Date must be no more than 30 da	ys from the date of filing)		
6. A copy of this Stateme	nt has been mailed to the corporat	ion (applicable when agent rec	cords statement).	
	I declare and affirm that I have exa herein are true and correct.	amined this Statement of Chan	ge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation			Date	
Ralph M. Kinder			1-5-21	
Signature of the Register	red Agent/Officer of the Corporation	1	<u> </u>	

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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JAN 8 2021

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