



State of Rhode Island

Department of State - Business Services Division

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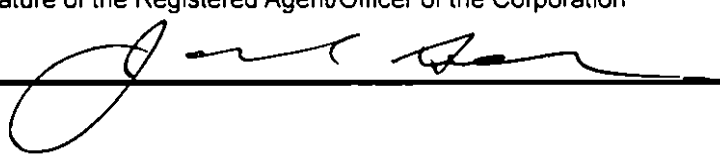
FOR

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number 001662067	2. Exact Name of the Corporation Pier Medical, Inc.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1130 Ten Rod Road, Suite B-206	
City/Town North Kingstown	State RHODE ISLAND Zip 02852
4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 65 Boston Neck Road	
City/Town North Kingstown	State RHODE ISLAND Zip 02852
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY ☒ Date received (Upon filing) ☐ Later effective date (Date must be no more than 30 days from the date of filing) _____	
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>	
Name of the Registered Agent/Officer of the Corporation James C. Sullivan, Esq.	Date 1/12/2021
Signature of the Registered Agent/Officer of the Corporation 	

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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