



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUSINESS DIV
2021 MAR 5 AM 9:42

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 505561	2. Exact Name of the Corporation Ocean State Therapy Associates, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address NA		
City/Town	State RHODE ISLAND	Zip
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: NA		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 67 Cliff Drive		
City/Town Bristol	State RHODE ISLAND	Zip 02809
6. The name of the NEW registered agent is: Lorraine Calouro		
7. Date when this Statement of Change of Registered Agent 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) _____		
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 Lorraine Calouro		Date 3/2/21
Signature of Authorized Officer of the Corporation <i>Lorraine Calouro</i>		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED
STAMP**

MAR 5 2021

BY *[Signature]* DH3EN
9:45