



State of Rhode Island  
**Department of State - Business Services Division**

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**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 <b>63085</b>		2. Exact Name of the Corporation <b>Phenix Home Care &amp; Nursing Service, 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 888 Reservoir Avenue			
City/Town Cranston	State <b>RHODE ISLAND</b>	Zip 02910	
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 117 Metro Center Blvd., Suite 1003			
City/Town Warwick	State <b>RHODE ISLAND</b>	Zip 02886	
5. Date when this Statement of Change of Registered Office 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) _____			
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 Christopher L. Russo, Esq.		Date 6/16/21	
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

**FILED**  
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 BY A.A. 3:19pm