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	2. Exact Name of the Corporation
000085521	**Gleason Medical Services, Inc.**

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
1145 Reservoir Avenue Suite 112		
City/Town: Cranston	State: **RHODE ISLAND**	Zip: 02920

4. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
725C Succotash Rd / PO Box 507 Wakefield, RI 02880		
City/Town: Wakefield	State: **RHODE ISLAND**	Zip: 02879

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).

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.

Name of the Registered Agent/Officer of the Corporation	Date
James F. Gleason	08/16/2021

Signature of the Registered Agent/Officer of the Corporation

James F. Gleason

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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