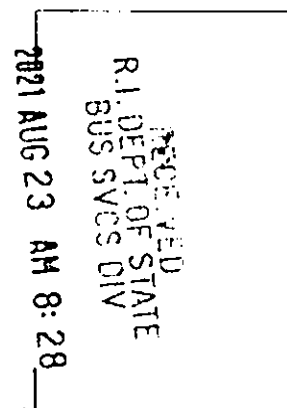




State of Rhode Island

Department of State - Business Services Division

**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 000085521		2. Exact Name of the Corporation 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 (<u>NOT</u> 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 James F. Gleason			Date 08/16/2021
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

FILED

AUG 23 2021

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