



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Professional Corporation
Statement of Change of Registered/Resident Agent**

(Section 7-1.2-502 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is WEST SHORE DENTAL ASSOCIATES, INC.

ARTICLE II

The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

3010 POST ROAD WARWICK , RI 02886

The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

ROBERT V. COLAGIOVANNI

ARTICLE III

The address of the NEW registered office is:

No. and Street: CAMERON & MITTLEMAN LLP
301 PROMENADE STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

The name of the NEW registered agent is: W. THOMAS HUMPHREYS, ESQ.

ARTICLE IV

The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on
(a date not prior to, nor more than 30 days after, filing this statement)

Signed this 31 Day of August, 2021 at 10:11:28 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

ROBERT A. CONTE, PRESIDENT

Signature of Authorized Officer of the Corporation

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