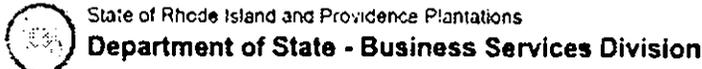
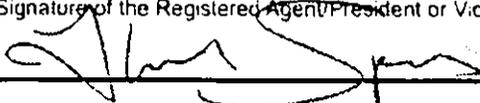


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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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Statement of Change of Registered Office
 DOMESTIC or FOREIGN Non-Profit Corporation
 → No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-7B(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number 141129		2. Exact Name of the Corporation Community Provider Network of Rhode Island	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 110 Jefferson Blvd, Suite A			
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 82 Hillside Dr.			
City/Town Charlestown		State RHODE ISLAND	Zip 02813
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<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)			
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.			
<i>Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/President or Vice President of the Corporation Tina Spears			Date September 20, 2021
Signature of the Registered Agent/President or Vice President of the Corporation 			

FILED

SEP 21 2021

9:46

BY 