| State of Rhode Island No Fee   Office of the Secretary of State State   |
|---|
| Division Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615<br>(401) 222-3040  |
| Non-Profit Corporation<br>Statement of Change of Registered Office by the Registered Agent<br>(Section 7-6-13(d) of the General Laws of Rhode Island, 1956, as amended)   |
| SECTION I   |
| The name of the corporation is <u>VNA of Care New England Foundation</u>  |
| SECTION II  |
| The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:   |
| <u>CARE NEW ENGLAND HEALTH SYSTEM</u> <u>45 WILLARD AVENUE</u> <u>PROVIDENCE</u> , <u>RI</u><br>02905   |
| SECTION III   |
|   |
| The address of the NEW registered office is:  |
| No. and Street:4 RICHMOND SQUARECity or Town:PROVIDENCEState:RIZip:02906  |
| SECTION IV  |
| A copy of this statement has been mailed to the corporation.  |
| <b>Signed this 2 Day of November, 2021 at 1:04:08 PM.</b> 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 § 7-6. |
| ASHLEY TAYLOR<br>Signature of Registered Agent  |
| Form No. 641<br>Revised 09/07   |
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