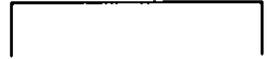




State of Rhode Island
Department of State - Business Services Division



Statement of Change of Manager's Address
 DOMESTIC or FOREIGN Limited Liability Company

STAMP

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.



1. Entity ID Number 98937		2. Exact Name of the Limited Liability Company COASTAL CARE MEDICAL MANAGEMENT, LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager ROBERT CICCHELLI, M.D.			
Street Address 10 DAVOL SQUARE SUITE 400			
City/Town PROVIDENCE	State RI	Zip 02903	
4. The NEW address of the manager is:			
Street Address 10 DAVOL SQUARE SUITE 300			
City/Town PROVIDENCE	State RI	Zip 02903	
5. Date when this Statement of Change of Manager's Address 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 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company DON E. WINEBERG			Date
Signature of Authorized Person of the Limited Liability Company <i>Don Wineberg</i>			

RECEIVED STATE
 R.I. DEPT OF STATE
 BUS SERVICES DIV
 2022 FEB - 3 PM 1:14

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

FEB - 8 2022 STAMP

BY *[Signature]*