



State of Rhode Island  
**Department of State - Business Services Division**

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 RI DEPT OF STATE  
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 2022 FEB 3 PM 1:14

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

→ 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<br><b>98937</b>   | 2. Exact Name of the Limited Liability Company<br><b>COASTAL CARE MEDICAL MANAGEMENT, LLC</b> |                     |      |
| 3. The name and address of the manager as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:  |   |                     |      |
| Name of Manager <b>G. ALAN KUROSE, M.D.</b>   |   |                     |      |
| Street Address <b>10 DAVOL SQUARE SUITE 400</b>   |   |                     |      |
| City/Town<br><b>PROVIDENCE</b>  | State<br><b>RI</b>  | Zip<br><b>02903</b> |      |
| 4. The <b>NEW</b> address of the manager is:  |   |                     |      |
| Street Address <b>10 DAVOL SQUARE SUITE 300</b>   |   |                     |      |
| City/Town<br><b>PROVIDENCE</b>  | State<br><b>RI</b>  | Zip<br><b>02903</b> |      |
| 5. Date when this Statement of Change of Manager's Address will be effective: <b>CHECK ONE BOX ONLY</b>   |   |                     |      |
| <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<br><b>DON E. WINEBERG</b>  |   |                     | Date |
| Signature of Authorized Person of the Limited Liability Company<br>   |   |                     |      |

**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 3 2022**

BY \_\_\_\_\_

**STAMP**