State of Rhode Island
Department of State - Business Services Division

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2023 FEB 15 PM 1:36

Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: $10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation
000029592	Rhode Island Chapter of the American College of Physicians

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
9 Strawberry Dr			
City/Town: Barrington	State: **RHODE ISLAND**	Zip: 02806	

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Audrey R. Kupchan, MD

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
Miriam Hospital, 164 Summit Ave.		
City/Town: Providence	State: **RHODE ISLAND**	Zip: 02906

6. The name of the **NEW** registered agent is:

Kwame Dapaah-Afriyie, MD

7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.

8. The change was authorized by a resolution duly adopted by its board of directors.

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.

Name of President/Vice President of the Corporation	Date
Kwame Dapaah-Afriyie	2/10/2323

Signature of President/Vice President of the Corporation

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BY 3mQOF

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