RI SOS Filing Number: 202332232540 Date: 4/3/2023 3:03:00 PM

State of Rhode Island  Department of	State - Business Services	Division	
→ Filing Fee: \$20.00  Pursuant to the provisions of following statement for the provisions of the pro	N Business Corporation LLC  1-10-11  RIGL————————————————————————————————————	TOP APR ne undersigned corporation sul Lagent in the State of Rhode Is	
1. Entity ID Number 000836149	2. Exact Name of the Cerporation LLC Andrea G. Dougherty, LICSW, LLC		
3. The address of the regist	ered office as PRESENTLY sho	·	e RI Department of State:
Street Address 132 Old Rive	<del></del>		
City/Town Lincoln		State RHODE ISLAND	Zip 02865
4. The name of the registere SUSAN GERSHKOFF, ESC	ed agent as <b>PRESENTLY</b> shown ).	n in the records on file with the	RI Department of State:
5. The address of the NEW			
Street Address ( <u>NOT</u> a P.O. Bo	<sup>ox)</sup> 172 Taunton Avenue, Ste. 20	7	
City/Town East Providence		State RHODE ISLAND	<sup>Zip</sup> 02914
6. The name of the <b>NEW</b> re	gistered agent is:	•	•
Rosina L. Hunt Esq.			
7. Date when this Statemen	t of Change of Registered Agen	t will be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon fine)	ling)		
Later effective date (D	ate must be no more than 30 da	ys from the date of filing)	<u>.                                    </u>
	leclare and affirm that I have exa tements contained herein are to		ge of Registered Agent by the
Name of Authorized Officer of the Cerporation →			Date
Susan Gershkoff, Counsellor at Law UC 03.2			03.25.2023
Signature of Authorized Offi	cer of the Coreoration		1

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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

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N Dayy 3:03 pm

FORM 6-0 - Revised: 08/2020

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