



Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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2023 APR 10 PM 3:19

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number

1718137

2. Exact Name of the Limited Liability Company

Healing Minds Psychiatry, LLC

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

Street Address

Nixon Peabody LLP, One Citizens Plaza, Ste. 500

City/Town

Providence

State

RHODE ISLAND

Zip

02903

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

Stephen D. Zubiago, Esq.

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

Street Address (NOT a P.O. Box)

67 Sherman Ave.

City/Town

Bristol

State

RHODE ISLAND

Zip

02809

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

Lisa M. Dejesus

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**



Date received (Upon filing)



Later effective date (Date must be no more than 90 days from the date of filing) _____

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

Name of Authorized Person of the Limited Liability Company

Lisa M. Dejesus

Date

4/4/23

Signature of Authorized Person of the Limited Liability Company

MAIL TO:

Division of Business Services

48 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

APR 10 2023

BY SMTRK
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