



State of Rhode Island  
Department of State - Business Services Division

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**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<br>000030474                                                                                                                                                                                                                           | 2. Exact Name of the Corporation<br>Wood River Health Services, Inc. |  |                  |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:<br>Street Address <del>823 Main St</del> 46 Granite St.<br>City/Town <del>Hope Valley</del> Westerly State RHODE ISLAND Zip 02832 02891 |                                                                      |  |                  |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:<br>John Stockwell Payne, ESQ                                                                                                                |                                                                      |  |                  |
| 5. The address of the NEW registered office is:<br>Street Address (NOT a P.O. Box) 823 Main St<br>City/Town Hope Valley State RHODE ISLAND Zip 02832                                                                                                       |                                                                      |  |                  |
| 6. The name of the NEW registered agent is:<br>Alison Croke                                                                                                                                                                                                |                                                                      |  |                  |
| 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<br>Alison Croke                                                                                                                                                                                        |                                                                      |  | Date<br>5/8/2023 |
| Signature of President/Vice President of the Corporation<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](http://www.sos.ri.gov)

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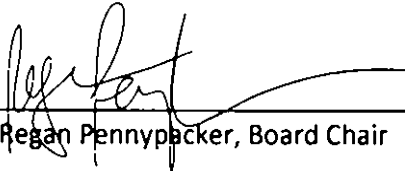
**WOOD RIVER HEALTH**

Caring for Our Community Since 1976

May 25, 2023

**Wood River Health Services Board of Directors Resolution**

At its regularly scheduled meeting, on May 25, 2023, the Wood River Health Services Board of Directors duly adopted a Resolution to authorize a change to the Registered Agent from John Stockwell Payne, ESQ. to Alison Croke, President & CEO.

  
\_\_\_\_\_  
Regan Pennypacker, Board Chair

823 Main Street, Hope Valley, Rhode Island 02832-1920  
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[www.WoodRiverHealth.org](http://www.WoodRiverHealth.org)

