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Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 001672961		2. Exact Name of the Corporation SJC ANESTHESIA CORP	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 5 TULIP HILL ROAD			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: STEVEN J. CREAMER			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 36 SMITH AVE			
City/Town GREENVILLE		State RHODE ISLAND	Zip 02828
6. The name of the NEW registered agent is: JONATHAN L UCRAN CPA			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
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 Authorized Officer of the Corporation STEVEN J CREAMER			Date 6-13-23
Signature of Authorized Officer of the Corporation 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED
JUN 16 2023
BY BMK
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