RI SOS Filing Number: 202339451610 Date: 7/13/2023 11:00:00 AM



State of Rhode Island

## **Department of State - Business Services Division**

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



|  | RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> th<br>pose of changing its registered |                                 |                               |
|--|--|---------------------------------|-------------------------------|
| 1. Entity ID Number  | 2. Exact Name of the Corporation   |                                 |                               |
| 001715778  | Perspective Providence Therapy, Inc.   |                                 |                               |
| 3 The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State |  |                                 |                               |
| Street Address 141 POWER ROAD, SUITE 106   |  |                                 |                               |
| City/Town PAWTUCKET  |  | State RHODE ISLAND              | Z <sub>IP</sub> 02860         |
| 4 The name of the registered   | agent as PRESENTLY shown   | in the records on file with the | RI Department of State:       |
| MARK P WELCH, ESQ.   |  |                                 |                               |
| 5. The address of the <b>NEW</b> registered office is:   |  |                                 |                               |
| Street Address (NOT a PO. Box) 650 GEORGE WASHINGTON HWY, STE 200  |  |                                 |                               |
| City/Town LINCOLN  |  | State RHODE ISLAND              | Z <sub>1</sub> p 02865        |
| 6 The name of the <b>NEW</b> reg   | istered agent is:  |                                 | <del>*</del> -                |
| JOSEPH RAHEB, ESQ  |  |                                 |                               |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY                  |  |                                 |                               |
| ✓ Date received (Upon filing)  |  |                                 |                               |
| Later effective date (Date must be no more than 30 days from the date of filing)                                 |  |                                 |                               |
|  | clare and affirm that I have exa<br>ements contained herein are tru              |                                 | ge of Registered Agent by the |
| Name of Authorized Officer of the Corporation  |  |                                 | Date                          |
| SAMANTHA P. COLLUM   |  |                                 | 6-15-2023                     |
| 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

**FILED** 

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