

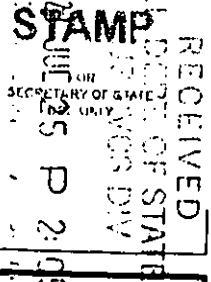


State of Rhode Island  
Department of State - Business Services Division

# Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



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 <b>001676832</b>	2. Exact Name of the Limited Liability Company <b>Harborside Family dental LLC</b>		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>108 Shore rd</b>			
City/Town <b>Westport</b>	State <b>RHODE ISLAND</b>	Zip <b>02891</b>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Michael Capalbo</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>931 Jefferson blvd ste 3005</b>			
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02886</b>	
6. The name of the NEW resident agent is: <b>Tori Carbone</b>			
7. Date when this Statement of Change of Resident 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 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 <b>Michael Capalbo</b>			Date <b>6/1/23</b>
Signature of Authorized Person of the Limited Liability Company <i>Michael B Capalbo</i>			

## MAIL TO:

Division of Business Services

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

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