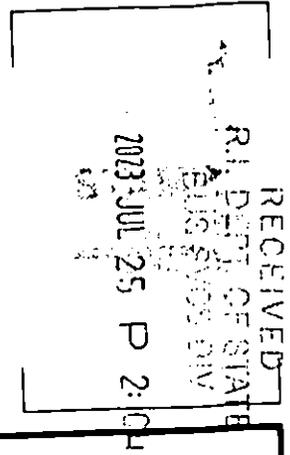




State of Rhode Island
Department of State - Business Services Division



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 000836977		2. Exact Name of the Limited Liability Company Schmak Family dental LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 171 Broadway			
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: James A. Iacovi esq			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 931 Jefferson Blvd Ste 3005			
City/Town Warwick		State RHODE ISLAND	Zip 02886
6. The name of the NEW resident agent is: Tori Carbone			
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 Michael Capalbo			Date 6/1/23
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
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUL 25 2023
BY **13175**
AR