



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

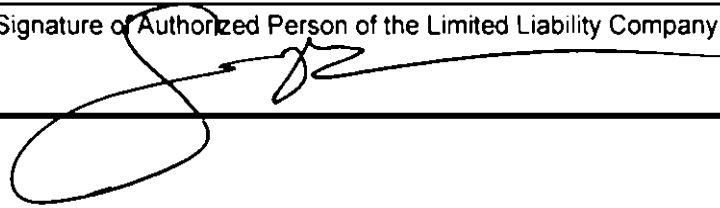
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Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island

1. Entity ID Number 000686097	2. Exact Name of the Limited Liability Company WELLNESS Psychiatric SERVICES LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 650 George Washington Hwy		
City/Town Lincoln	State RHODE ISLAND	Zip 02865
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 110 MAIN ST STE 306		
City/Town East Greenwich	State RHODE ISLAND	Zip 02818
5. Date when this Statement of Change of Resident Office 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 Office by the Limited Liability Company, and that all statements contained herein are true and correct.		
Name of Authorized Person of the Limited Liability Company DR. SARAH XAVIER D.O.		Date 7/25/23
Signature of Authorized Person of the Limited Liability Company 		

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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BY RKNBQ 1140
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