



State of Rhode Island
Department of State - Business Services Division

7013 527 -5 P 2:34

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of R following statement for the pur			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000686160	PSYCHOLOGICAL ASSOCIATES OF NEW ENGLAND, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 36 Vermont Avenue Suite 4			
City/Town Warwick		State RHODE ISLAND	^{Zip} 02888
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 655 Mendon Road			
City/Town Cumberland		RHODE ISLAND	^{Zip} 02864
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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			Date
Marlene B. Marshall, Esq.			8/30/2023
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 SEP = 5:20231P

BY FEGGINS OF THE

RI SOS Filing Number: 202340791640 Date: 9/5/2023 2:34:00 PM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 05, 2023 02:34 PM

Gregg M. Amore Secretary of State

Treg M. Coure

