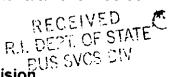
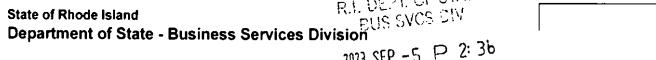
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Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

STAMP

Pursuant to the provisions of R following statement for the puri			
1. Entity ID Number	wing statement for the purpose of changing its registered office <i>ONLY</i> in the State of Rhode Island: Entity ID Number 2. Exact Name of the Corporation		iode Island.
000086739	Blackstone Valley Pediatric & Adolescent Medicine, PC.		
3. The address of the registered 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 registered office is:			
Street Address (NOT a P.O. Box) 655 Mendon Road			
City/Town Cumberland		State RHODE ISLAND	^{Zip} 02864
5. Date when this Statement of Change of Registered Office 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)			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/Officer of the Corporation			Date
Marlene B. Marshall, Esq.			8/30/2023
Signature of the Registered Agent/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

