



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 SEP -5 P 2:36

Statement of Change of Registered Office


DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island.

1. Entity ID Number 000086739	2. Exact Name of the Corporation 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			
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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).			
<i>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.</i>			
Name of the Registered Agent/Officer of the Corporation Marlene B. Marshall, Esq.		Date 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

BY _____

STAMP

FOR
SECRETARY OF STATE
USE ONLY