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 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE - BUSINESS SERVICES DIVISION



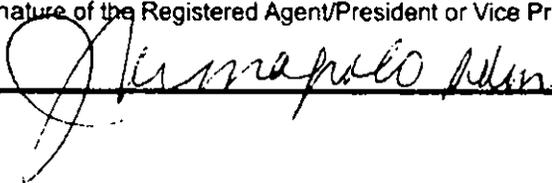
State of Rhode Island
 Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number 000973737		2. Exact Name of the Corporation The American College of Health Care Administrators, RI Chapter	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address One Richmond Square, Suite 125B			
City/Town Providence		State RHODE ISLAND	Zip 02904
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 47 Wood Avenue, Suite 2			
City/Town Barrington		State RHODE ISLAND	Zip 02806
5. Date when the 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).			
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.			
<i>Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/President or Vice President of the Corporation Jennifer Romagnolo, ADM			Date 11-14-23
Signature of the Registered Agent/President or Vice President 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

FILED

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