



State of Rhode Island
Department of State - Business Services Division

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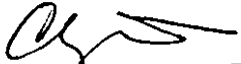
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Statement of Change of Registered Agent

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001727553		2. Exact Name of the Partnership Donovan Hatem LLP	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 10 Dorrance Street, Suite 700			
City/Town Providence	State RHODE ISLAND	Zip Code 02903	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Thomas J. Fay			
5. The address of the NEW registered agent is:			
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	
6. The name of the NEW registered agent is: CT Corporation System			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Partnership, and that all statements contained herein are true and correct.</i>			
Name of a General Partner or Authorized Representative Cheryl A. Waterhouse		Date 11/27/2023	
Signature of General Partner or Authorized Representative 			

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MAIL TO:

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