State of Rhode Island
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation
Statement of Change of Registered Office by the Registered Agent

(Section 7-1.2-502(d) of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Carine Leconte, M.D., Inc.

SECTION II

The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

56 EXCHANGE TERRACE PROVIDENCE , RI 02903

SECTION III

The address of the NEW registered office is:

No. and Street: 272 WEST EXCHANGE STREET
SUITE 001
City or Town: PROVIDENCE State: RI Zip: 02903

SECTION IV

The change of address of the registered office shall become effective upon the filing of this statement, or on
(a date not prior to, nor more than 30 days after, filing this statement)

SECTION V

A copy of this Statement has been mailed to the corporation.

Signed this 13 Day of February, 2024 at 9:33:37 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

ARTHUR J. LEONARD
Signature of Registered Agent

Form No. 640
Revised 09/07