



State of Rhode Island  
Department of State - Business Services Division

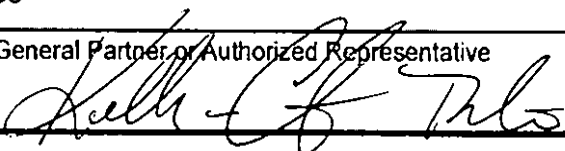
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FOR  
SECRETARY OF STATE  
USE ONLY

## 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 <b>000049101</b>		2. Exact Name of the Partnership <b>CARTIE'S HEALTH CENTER</b>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>1414 ASSOCIATES, INC. 1414 ATWOOD AVENUE</b>			
City/Town <b>JOHNSTON</b>		State <b>RHODE ISLAND</b>	Zip Code <b>02919</b>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>NA</b>			
5. The address of the NEW registered agent is: Street Address (NOT a P.O. Box) <b>1414 Atwood Avenue</b>			
City/Town <b>Johnston</b>		State <b>RHODE ISLAND</b>	Zip Code <b>02919</b>
6. The name of the NEW registered agent is: <b>Angelo Marocco</b>			
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.			
Name of a General Partner or Authorized Representative <b>Kelly Coates</b>			Date <b>03/18/2024</b>
Signature of General Partner or Authorized Representative 			

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  
MAR 18 2024  
BY **X H B M**  
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SECRETARY OF STATE  
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