



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

REC'D RIDOS ESSC
24 MAR 20 PM 2:33:48

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000115911		2. Exact Name of the Corporation QUALITY BEHAVIORAL HEALTH, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 75 LAMBERT LIND HIGHWAY, SUITE 120			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JUDY DAFONSECA			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 14 FIRESIDE DRIVE			
City/Town BARRINGTON		State RHODE ISLAND	Zip 02806
6. The name of the NEW registered agent is: ROBERT SENVILLE			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation ELIZABETH ALIOSIO			Date 03/15/2024
Signature of Authorized 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

2:33

FILED
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MAR 20 2024
BY 08:08