



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSD
24 APR 10 PM 12:16:55

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ **no fee**

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000155525		2. Exact Name of the Limited Liability Company Mental Health Consultant Service LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 747 Pontiac Avenue, Suite 214			
City/Town Cranston		State RHODE ISLAND	Zip 02910
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CRISTIANA ROSA			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 400 Reservoir Avenue, Suite 2G			
City/Town Providence		State RHODE ISLAND	Zip 02907
6. The name of the NEW resident agent is: CRISTIANA RITWIK			
7. Date when this Statement of Change of Resident Agent 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 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company CRISTIANA RITWIK			Date 04/10/2024
Signature of Authorized Person of the Limited Liability Company 			

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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BY LHS 12:16pm