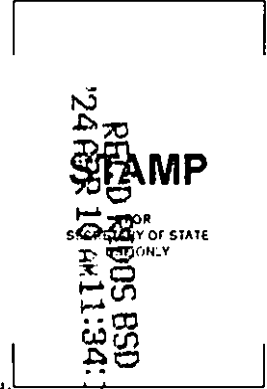




State of Rhode Island  
Department of State - Business Services Division



### Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number 1706955		2. Exact Name of the Corporation Dental RI, P.C.	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 50 Park Row West Suite 111 <b>VIEYA &amp; DIGIANFILIPPO LTD</b>			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 50 Park Row West Suite 107			
City/Town Providence		State RHODE ISLAND	Zip 02903
5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation Dawn T. Gattucci			Date <i>3/5/24</i>
Signature of the Registered Agent/Officer of the Corporation <i>[Handwritten Signature]</i>			

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

11:34

