



State of Rhode Island  
Department of State - Business Services Division

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**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:

1. Entity ID Number <b>116048</b>		2. Exact Name of the Corporation <b>Apponaug Chiropractic Center Incorporated</b>	
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 <b>300 Jefferson Boulevard Suite 105</b>			
City/Town <b>Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02888</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Christopher E. Heberg</b>			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>2525 Post Road</b>			
City/Town <b>Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02886</b>
6. The name of the <b>NEW</b> registered agent is: <b>Dr. Christopher Caliri</b>			
7. Date when this Statement of Change of Registered Agent 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) _____			
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 <b>Dr. Christopher Caliri</b>			Date <b>4/12/24</b>
Signature of Authorized Officer of the Corporation <b>Dr. Christopher Caliri</b>			

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

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