



State of Rhode Island

Department of State - Business Services Division

## Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

REC'D RIDOS BSI  
24 APR 15 PM 2:33 07

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 <b>001715613</b>		2. Exact Name of the Corporation <b>Boston Dental Repair Inc</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>One Richmond Square, Ste 2</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02906</b>	
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>47 Wood Avenue, Ste 2</b>			
City/Town <b>Barrington</b>	State <b>RHODE ISLAND</b>	Zip <b>02806</b>	
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).			
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.			
Name of the Registered Agent/Officer of the Corporation <b>Bryan K Madden</b>		Date <b>4-9-24</b>	
Signature of the Registered Agent/Officer of the Corporation <i>Bryan K Madden</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](http://www.sos.ri.gov)

FILED

APR 15 2024

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