



State of Rhode Island
 Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATION

2024 JUL 17 AM 10:09

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001695912		2. Exact Name of the Limited Liability Company Frenchtown Dental Associates, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 301 Promenade Street			
City/Town Providence	State RHODE ISLAND	Zip 02908	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: John W. Wolfe, Esq.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 100 Lenihan Lane			
City/Town East Greenwich	State RHODE ISLAND	Zip 02818	
6. The name of the NEW resident agent is: Shanthy Cariappa			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Shanthy Cariappa		Date 7/11/2024	
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 W.D.G.
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