



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Statement of Change of Resident Agent**

(Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the limited liability company is

CharterCARE Associates in Primary Care Medicine, LLC

**SECTION II**

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

ONE PARK ROW SUITE 300 PROVIDENCE , RI 02903

The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

RICHARD J. LAND, ESQ.

**SECTION III**

The NEW address of the resident agent is:

No. and Street: 148 WEST RIVER STREET

SUITE 1E

City or Town: PROVIDENCE

State: RI

Zip: 02904

The name of the NEW resident agent is:

MCLAUGHLINQUINN LLC

**SECTION IV**

The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

**Signed this 29 Day of August, 2024 at 9:12:31 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

CharterCARE Associates in Primary Care Medicine, LLC

Print Name of Limited Liability Company

BEN MINGLE

Signature of Authorized Person

Form No. 642  
Revised 09/07

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