

**State of Rhode Island  
Department of State - Business Services Division****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 001677984	2. Exact Name of the Limited Liability Company Upward Health Solutions Rhode Island LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 18 MAPLE AVENUE, SUITE 103		
City/Town BARRINGTON	State <b>RHODE ISLAND</b>	Zip 02806
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: MARK TIEAT		
5. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip 02914
6. The name of the <b>NEW</b> resident agent is: C T Corporation System		
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) _____		
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.		
Name of Authorized Person of the Limited Liability Company Ben Hamawy		Date 9/5/2024
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](http://www.sos.ri.gov)

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