



State of Rhode Island  
Department of State - Business Services Division

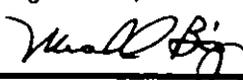
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 BUSINESS SVCS DIV  
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 FOR SECRETARY OF STATE USE ONLY

**Statement of Change of Registered Agent**

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number <b>000049090</b>	2. Exact Name of the Partnership <b>Burrillville Health Center Associates Limited Partnership</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>359 Broad Street</b>	
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>
Zip Code <b>02907</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>Terry A. Carragher</b>	
5. The address of the <b>NEW</b> registered agent is: Street Address ( <u>NOT</u> a P.O. Box) <b>588 Pawtucket Ave</b>	
City/Town <b>Pawtucket</b>	State <b>RHODE ISLAND</b>
Zip Code <b>02860</b>	
6. The name of the <b>NEW</b> registered agent is: <b>Michael Bigney</b>	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Partnership, and that all statements contained herein are true and correct.</i>	
Name of a General Partner or Authorized Representative <b>Michael Bigney</b>	Date <b>09/20/2024</b>
Signature of General Partner or Authorized Representative 	

**FILED**      **STAMP**  
 SEP 27 2024  
 BY 15517  


**MAIL TO:**  
 Division of Business Services  
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