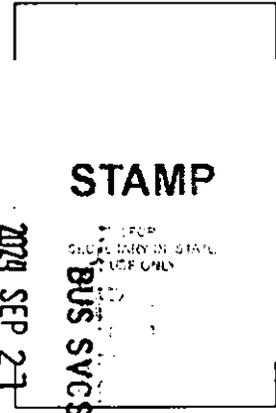




State of Rhode Island
 Department of State - Business Services Division



Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

| | | | |
|---|--|--|--------------------|
| 1. Entity ID Number 000065482 | | 2. Exact Name of the Corporation Elmwood Health Care Center, Inc. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 359 Broad Street | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02907 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Terry A. Carragher | | | |
| 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 588 Pawtucket Ave | | | |
| City/Town Pawtucket | | State RHODE ISLAND | Zip 02860 |
| 6. The name of the NEW registered agent is: Michael Bigney | | | |
| 7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____ | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Officer of the Corporation Michael Bigney | | | Date 09/20/2024 |
| Signature of Authorized Officer of the Corporation | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

