



**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 <b>PRESENTLY</b> 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 <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Terry A. Carragher			
5. The address of the <b>NEW</b> 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 <b>NEW</b> registered agent is: Michael Bigney			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
<i>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.</i>			
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](http://www.sos.ri.gov)

