



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

STAMP

FOR
SECRETARY OF STATE
USE ONLY

2024 SEP 27 P 12:30

RECEIVED
RI DEPT OF STATE
BUS SVCS DIV

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 000100049	2. Exact Name of the Corporation Allen's Health 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 (<u>NOT</u> 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 		

FILED

SEP 27 2024

BY **15520**

TAMP

FOR
SECRETARY OF STATE
USE ONLY

MAIL TO:

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