



State of Rhode Island  
Department of State - Business Services Division

## Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~

→ Filing Fee: \$20.00

Partnership  
7-13.1-118

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RI DEPT. OF STATE  
BUS. SVCS. DIV.  
2024 SEP 30 P 4:29  
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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 000049470	2. Exact Name of the <del>Corporation</del> <u>Partnership</u> Westerly Health Center Associates, L.P.
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 ( <u>NOT</u> 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) _____	
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 <del>Corporation</del> <u>LP</u> Michael Bigney	Date 09/26/2024
Signature of Authorized Officer of the <del>Corporation</del> <u>LP</u> 	

### 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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SEP 30 2024 STAMP  
BY Salem  
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