

State of Rhode Island
Department of State - Business Services DivisionStatement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

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BUS SVCS DIV
SECRETARY OF STATE
USE ONLY

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 000022914	2. Exact Name of the Corporation Ryan 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 09/26/2024
Signature of Authorized Officer of the Corporation 		

MAIL TO:
Division of Business Services
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