



State of Rhode Island and Providence Plantations
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 000071650		2. Exact Name of the Corporation Addiction Recovery Institute, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 57 STONEGATE DRIVE			
City/Town PORTSMOUTH		State RHODE ISLAND	Zip 02871
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JEANNE O'REILLY			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 31 N. UNION ST.			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860
6. The name of the NEW registered agent is: OWEN P. LYNCH, ESQ.			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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 OWEN P. LYNCH			Date 15 JAN. 2025
Signature of Authorized Officer of the Corporation <i>Owen Lynch</i> SIGN DOCUMENT HERE			

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

