



State of Rhode Island
Department of State - Business Services Division

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 SECRETARY OF STATE
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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~

name change

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001699281		2. Exact Name of the Limited Liability Company Perinatal Education Services, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 18 Acacia Road			
City/Town Bristol	State RHODE ISLAND	Zip 02809	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jean Salera-Vieira			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 64 Ferncrest Ave			
City/Town Cranston	State RHODE ISLAND	Zip 02905	
6. The name of the NEW resident agent is: Jean Salera			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Jean Salera			Date 1/15/25
Signature of Authorized Person of the Limited Liability Company <i>[Signature]</i>			

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

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