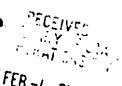
RI SOS Filing Number: 202564018420 Date: 2/4/2025 1:18:00 PM

State of Rhode Island

Department of State - Business Services Division



Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

2025 FEB -4 PM 1: 18

Pursuant to the provisions of R statement for the purpose of cl			ne following	
1. Entity ID Number	2. Exact Name of the Corporation			
001661342	RHODE ISLAND DENTAL ASSISTANTS ASSOCIATION			
	ed office as PRESENTLY show	vn in the records on file with the	ne RI Department of State:	
Street Address 29 CHER	ry st			
City/Town PAWTUCK	ET	State RHODE ISLAND	Zip 02860	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:				
GLORIA FLEURANT				
5. The address of the NEW registered office is:				
Street Address (NOI a P.O. Box) COUT AVENUE				
City/Town BRUST	OL	RHODE ISLAND	zip 0280 9	
6. The name of the NEW registered agent is:				
VIRGINIA CAIRRAD				
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.				
8. The change was authorized	d by a resolution duly adopted	by its board of directors.		
	clare and affirm that I have examents contained herein are tru		ge of Registered Agent by the	
Name of President/Vice President of the Corporation			Date / Da / D	
JOANNE WILBUR			1/30/25	
Signature of President/Vice President of the Corporation				
Joane W	1.Ch			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 641 - Revised: 01/2024