



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

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Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 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 001661342		2. Exact Name of the Corporation RHODE ISLAND DENTAL ASSISTANTS ASSOCIATION	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 29 CHERRY ST			
City/Town PAWTUCKET		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 (NOT a P.O. Box) 8 COLT AVENUE			
City/Town BRISTOL		State RHODE ISLAND	Zip 02809
6. The name of the NEW registered agent is: VIRGINIA CAIRRAO			
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 by a resolution duly adopted by its board of directors.			
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 President/Vice President of the Corporation JOANNE WILBUR			Date 1/30/25
Signature of President/Vice President of the Corporation <i>Joanne Wilbur</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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 BY *MOLYH*
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