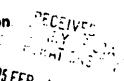


State of Rhode Island

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			he following
1. Entity ID Number	2. Exact Name of the Corporation		
001661342	RHODE ISLAND DENTAL ASSISTANTS ASSOCIATION		
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with t	he RI Department of State:
Street Address 29 CHER	ry 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 re			
Street Address (NOT a P.O. Box	3 COUT AVEN	UE .	
City/Town BRISTOL		RHODE ISLAND	zip 0280 9
6. The name of the NEW regi	stered agent is:		
VIRGINIA CAIRRAD			
7. The address of the corpora be identical.	tion's registered office and the	address of the office of its re	gistered agent, as changed, will
8. The change was authorized	by a resolution duly adopted	by its board of directors.	
	clare and affirm that I have examents contained herein are to		nge of Registered Agent by the
Name of President/Vice President of the Corporation			Date / CO / C
JOANNE WILBUR			1/30/25
Signature of President/Vice P			
Journe W	ill		

MAIL TO:

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

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

FFB 4 2025

FORM 641 - Revised: 01/2024