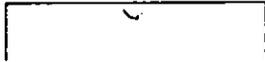




State of Rhode Island
 Department of State - Business Services Division



Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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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 office **ONLY** in the State of Rhode Island.

1. Entity ID Number 000858917		2. Exact Name of the Corporation Obstetrical Associates, Inc	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 201 Wayland Avenue, Suite 8			
City/Town Providence	State RHODE ISLAND	Zip 02906	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 56 Pine St., Suite 200			
City/Town Providence	State RHODE ISLAND	Zip 02903	
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation Stephen Gagliardi, MD			Date 3/25/25
Signature of the Registered Agent/Officer of the Corporation 			

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

FILED
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