

State of Rhode Island

**Department of State - Business Services Division** 

25 APR 18 PH1:16:2

## **Statement of Change of Registered Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following	)
statement for the purpose of changing its registered agent in the State of Rhode Island:	<u> </u>

Entity ID Number	2. Exact Name of the Corporation				
000106293	Pratt Radiation Oncology Associates, Inc.				
3. The address of the register	ed office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:		
Street Address RI HOSPITAL, PHYSICIANS OFFICE 110 LOCKWOOD STREET, SUITE 130					
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903		
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:					
JOHN DRONEY					
5. The address of the NEW registered office is:					
Street Address (NOT a PO. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence		State RHODE ISLAND	Zip 02914		
6. The name of the <b>NEW</b> registered agent is:					
C T Corporation System					
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 authorize	d by a resolution duly adopted	by its board of directors.			
Under penalty of perjury, I de Corporation, and that all stat	clare and affirm that I have ex ements contained herein are t	amined this Statement of Chai rue and correct.	nge of Registered Agent by the		
Name of President/Vice President of the Corporation			Date		
Matthew Katz MD			04/18/2025		
Signature of President/Vice President 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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