



State of Rhode Island  
Department of State - Business Services Division

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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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 agent in the State of Rhode Island:

1. Entity ID Number <b>1732969</b>	2. Exact Name of the Corporation <b>Mendon Dental Associates, PC</b>		
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>50 Park Row West, Suite 111</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Edward John Mulligan, Esq.</b>			
5. The address of the <b>NEW</b> registered office is: Street Address ( <u>NOT</u> a P.O. Box) <b>1300 Division Road, Suite 104</b>			
City/Town <b>West Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02893</b>	
6. The name of the <b>NEW</b> registered agent is: <b>Robert C Salmani, CPA c/o Wadovick &amp; Company</b>			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
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 Authorized Officer of the Corporation <b>Michael Accaoui</b>		Date <b>5/2/25</b>	
Signature of Authorized 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](http://www.sos.ri.gov)

**FILED**  
MAY 08 2025  
BY ZIQNM  
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