



State of Rhode Island  
Department of State - Business Services Division

# Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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2025 MAY -8 A 10:42

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island:

|                                                                                                                                                                                                                  |                              |                                                                                               |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------|-----------------------|
| 1. Entity ID Number<br><u>21101697</u>                                                                                                                                                                           |                              | 2. Exact Name of the Limited Liability Company<br><u>DENTAL ASSOCIATES OF CUMBERLAND, LLC</u> |                       |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                          |                              |                                                                                               |                       |
| Street Address <u>22 Fire Side dr</u>                                                                                                                                                                            |                              |                                                                                               |                       |
| City/Town<br><u>Barrington</u>                                                                                                                                                                                   | State<br><u>RHODE ISLAND</u> | Zip<br><u>02806</u>                                                                           |                       |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                              |                                                                                               |                       |
| Street Address (NOT a P.O. Box)<br><u>419 Albion rd, unit #11</u>                                                                                                                                                |                              |                                                                                               |                       |
| City/Town<br><u>Lincoln</u>                                                                                                                                                                                      | State<br><u>RHODE ISLAND</u> | Zip<br><u>02805</u>                                                                           |                       |
| 5. Date when this Statement of Change of Resident Office 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 90 days from the date of filing) _____                                                                                                  |                              |                                                                                               |                       |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct. |                              |                                                                                               |                       |
| Name of Authorized Person of the Limited Liability Company<br><u>Michael S. Caldera</u>                                                                                                                          |                              |                                                                                               | Date<br><u>5/5/25</u> |
| Signature of Authorized Person of the Limited Liability Company<br><u>[Signature]</u>                                                                                                                            |                              |                                                                                               |                       |

RI DOS MADE EDITS PER FILER

## 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)

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STAMP

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 08, 2025 10:44 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

