State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAY -8 A 10:42

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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	2. Exact Name of the Limited Liability Company
000116977	Dental Associates of Cumberland, LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
22 Fire Side dr		
City/Town: Barrington	State: **RHODE ISLAND**	Zip: 02806

4. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
419 Albion rd, unit #11		
City/Town: Lincoln	State: **RHODE ISLAND**	Zip: 02865

5. Date when this Statement of Change of Resident Office will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ 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	Date
[illegible]	5/5/25

Signature of Authorized Person of the Limited Liability Company

[signature]

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

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MAY 08 2025
BY EG69B5
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FORM 642A - Revised: 01/2024