



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JUN 17 PM 1:08:29

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company
→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001764356		2. Exact Name of the Limited Liability Company VIRTUAL NEUROLOGY, PLLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 700 NARRAGANSETT PARK DR, STE 100			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: NORTHWEST REGISTERED AGENT LLC			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is: C T Corporation System			
7. Date when this Statement of Change of Resident Agent 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Mohammad Zaman, D.O., Manager			Date 05/02/25
Signature of Authorized Person of the Limited Liability Company 			

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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