



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2025 JUL -8 P 2:58

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 000115962		2. Exact Name of the Corporation HABER-DIBONI CHIROPRACTIC LTD	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>One Worthington Road</i>			
City/Town - <i>Cranston</i>		State RHODE ISLAND	Zip <i>02920</i>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: ANTHONY CALIRI			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) ONE WORTHINGTON ROAD			
City/Town CRANSTON		State RHODE ISLAND	Zip 02920
6. The name of the NEW registered agent is: RALPH J BARBIERI			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation LORRI HABER DIBONI			Date <i>7-1-25</i>
Signature of Authorized Officer of the Corporation <i>R. Haber Diboni</i>			

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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