



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2025 AUG -4 P 12:45

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 001670117		2. Exact Name of the Corporation Politelli Dental Inc	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 336 Main Street			
City/Town Wakefield		State RHODE ISLAND	Zip 02879
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Orson and Brusini LTD			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 238 Robinson Street			
City/Town Wakefield		State RHODE ISLAND	Zip 02879
6. The name of the NEW registered agent is: The Law Office of Jonathan F. Whaley			
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) _____			
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 Daniel Politelli			Date 7/28/25
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

FILED

AUG 04 2025 12:45

BY SD/6VT