RI SOS Filing Number: 202579398650 Date: 9/29/2025 11:53:00-A

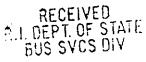


State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



A N: 53

2015 SEP 29 A 11: 32

Entity ID Number	2. Exact Name of the Corporation	
following statement for the pur	pose of changing its registered agent in the State of Rhode Island:	L
Pursuant to the provisions of H	$(IGL_{1-1,2-502})$ or $(7-1,2-1409)$ the undersigned corporation submits the	- 1

000062177	NEW ENGLAND MEDICAL-LEGAL CONSULTANTS INC.					
3. The address of the registe	red office as PRESENTLY show	wn in the records on file with th	e RI Department of State:			
Street Address 1507 POST	ROAD					
City/Town WARWICK		State RHODE ISLAND	^{Zip} 02888			
4. The name of the registered LOIS MAHONEY	d agent as PRESENTLY shown	in the records on file with the	RI Department of State:			
5. The address of the NEW registered office is:						
Street Address (NOT a P.O. Box) 926 PARK AVENUE						
City/Town CRANSTON		State RHODE ISLAND	^{Zip} 02910			
6. The name of the NEW reg	istered agent is:					
JOHN F. REIS						
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY						
✓ Date received (Upon filing)						
Later effective date (Date must be no more than 30 days from the date of filing)						
	clare and affirm that I have exa ements contained herein are tru		ge of Registered Agent by the			
Name of Authorized Officer of the Corporation			Date			
Kepneth MAHONEY 7-23-2						
Signature of Authorized office	er of the Corporation					
Kenny	the Mahone	1				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 29 2025 BY X V 80TO