



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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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 000062177		2. Exact Name of the Corporation NEW ENGLAND MEDICAL-LEGAL CONSULTANTS INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1507 POST ROAD			
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: LOIS MAHONEY			
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 registered 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) _____			
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 <i>Kenneth Mahoney</i>			Date 7-23-25
Signature of Authorized Officer of the Corporation <i>Kenneth Mahoney</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

FILED STAMP

SEP 29 2025

BY *SV 80160*
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