



State of Rhode Island
Department of State - Business Services Division

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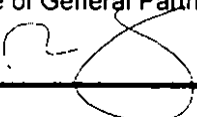
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Statement of Change of Registered Agent

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001748647		2. Exact Name of the Partnership HSRE-HAMPSHIRE PROVIDENCE, LP	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address None			
City/Town	State RHODE ISLAND	Zip Code	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: None			
5. The address of the NEW registered agent is:			
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	
6. The name of the NEW registered agent is: Corporation Service Company			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Partnership, and that all statements contained herein are true and correct.</i>			
Name of a General Partner or Authorized Representative Robert Consalvo		Date 10/24/25	
Signature of General Partner or Authorized Representative 			

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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OCT 27 2025

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