State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD
'25 OCT 27 PM 1:24:55
STA

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	2. Exact Name of the Partnership
001748647	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	Zip Code
	RHODE ISLAND	

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 (NOT a P.O. Box)		
222 Jefferson Boulevard, Suite 200		
City/Town	State	Zip Code
Warwick	**RHODE ISLAND**	02888

6. The name of the **NEW** registered agent is:

Corporation Service Company

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.

Name of a General Partner or Authorized Representative	Date
Robert Consalvo	10/24/25

Signature of General Partner or Authorized Representative

FILED
OCT 27 2025
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov