RI SOS Filing Number: 202342983520 Date: 11/28/2023 2:14:00 PM



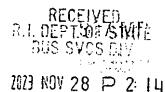
State of Rhode Island

Department of State - Business Services Division

Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

ightarrow No Filing Fee



Pursuant to the provisions of RIGL <u>7-13,1-118</u> or <u>7-12,1-909</u> the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Partner	ship	
49120	. Charlesgat	re Nursing (enter
3. The address of the registered office is:			
Street Address (NOT a P.O. Box) 50 Ranciall Street			
City/Town : Provi	dence	RHODE ISLAND	zip 02904
4. The name of the registered agent is:			
Neil Shunney			
5. Under penalty of perjury, I declare and affirm that I have examined this Statement of Designation of Registered Office by the Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner or Authorized Representative I VIHC R. Fantasia			Date 11/15/2023
I Vive (c.) with a second seco			
Signature of the a General Partner or Authorized Representative			
lette R. Fartari			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 28 2023 2:14 PM