



State of Rhode Island  
 Department of State - Business Services Division

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**Designation of Registered Agent/Office**  
 DOMESTIC or FOREIGN Partnership

→ No Filing Fee

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 designating a registered agent and office in the State of Rhode Island:

1. Entity ID Number 49120		2. Exact Name of the Partnership Charlesgate Nursing Center	
3. The address of the registered office is:			
Street Address (NOT a P.O. Box) 50 Randall Street			
City/Town Providence	State 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 Ivette R. Fantasia		Date 11/15/2023	
Signature of the a General Partner or Authorized Representative Ivette R. Fantasia			

**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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 BY LKS