



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Statement of Change of Registered Office by the Registered Agent**
(Section 7-6-13(d) of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is R.M.I. Compassion Center, Inc.

SECTION II

The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

297 BLACK POINT LANE PORTSMOUTH , RI 02871

SECTION III

The address of the NEW registered office is:

No. and Street: 754 BRANCH AVE
SUITE 9
City or Town: PROVIDENCE State: RI Zip: 02904

SECTION IV

A copy of this statement has been mailed to the corporation.

Signed this 1 Day of February, 2024 at 6:32:18 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

DR. PAUL J. ISIKWE
Signature of Registered Agent

Form No. 641
Revised 09/07