



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 MAY 10 PM 3:17

**Statement of Change of Registered Agent**  
**Business Corporation**  
Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation 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 Corporation |           |  |
| 000029695   | Squantum Association             |           |  |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  |                                  |           |  |
| Street Address 222 Chestnut Street  |                                  |           |  |
| City/Town Providence  | State RHODE ISLAND               | Zip 02903 |  |
| 4. The address of the NEW registered office is:   |                                  |           |  |
| Street Address (NOT a P.O. Box) 317 Iron Horse Way - Suite 301  |                                  |           |  |
| City/Town Providence  | State RHODE ISLAND               | Zip 02908 |  |
| 5. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:  |                                  |           |  |
| Marchwicki Associates, Inc.   |                                  |           |  |
| 6. The name of the NEW registered agent is:   |                                  |           |  |
| John R. Gowell  |                                  |           |  |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX   |                                  |           |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |                                  |           |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____  |                                  |           |  |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |                                  |           |  |
| Name of Authorized Officer of the Corporation   |                                  | Date      |  |
| Brian Sadler - President  |                                  | 5/10/16   |  |
| Signature of Authorized Officer of the Corporation  |                                  |           |  |
| SIGN DOCUMENT HERE  |                                  |           |  |

FILED

MAY 10 2016

By

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