

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

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## **Statement of Change of Registered Agent Non-Profit Corporation**

Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 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 Corpo	ration		
28440	Metacomet Country C	Metacomet Country Club		
3. The address of the	registered office as PRESENTLY sho	own in the records on file with t	he RI Department of State:	
Street Address 500 \	eterans Memorial Parkway			
City/Town East Providence		State RHODE ISLAND	<sup>Zip</sup> <b>02914</b>	
4. The address of the	NEW registered office is:			
Street Address (NOT a	P.O. Box) 141 Power Road, Suite	e 106		
City/Town Pawtucket		State RHODE ISLAND	<sup>Zip</sup> 02860	
5. The name of the re	gistered agent as PRESENTLY show	n in the records on file with the	RI Department of State:	
Anthony A. Giar	nini			
6. The name of the N	EW registered agent is:			
Mark P. Welch				
7. The address of the will be identical.	corporation's registered office and th	e address of the office of its re	gistered agent, as changed,	
8. The change was a	uthorized by a resolution duly adopted	by its board of directors.		
	ury, I declare and affirm that I have ex all statements contained herein are t		nge of Registered Agent by the	
Name of President/Vice President of the Corporation			Date	
Dean E. Martins - President			05/18/2016	
Signature of Preside	nt/Vice President of the Corporation		<u> </u>	
She E	SIGN DOCL	JMENT HERE		

FILED

MAY 2 4 2016