

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

R.I. DEPTI OF STATE
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Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

Entity ID Number	Exact Name of the Corpora	ation	
146669	Neutaconkai	out Hill Co	inservancy Inc
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of state:			
Street Address Plainfield St.			
trovidence		RHODE ISLAND	zip 02909
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Kobert J. Fitzpatrick			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 5 Spring Field Street			
City/Javan		RHODE ISLAND	zip 02909
6. The name of the NEW registered agent is:			
Susan M Fitzpatnck			
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
8. The change was authorized by a resolution duly adopted by its board of directors. ソセン			
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 President/Vice President of the Corporation			Date
Robert Fitzgatrack			10/24/2-16
Signature of President/Vice President of the Corporation			
Rober Here SIGN BOCUMENT HERE			
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11:19 AM

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov