

## **Statement of Change of Agent**

DOMESTIC or FOREIGN 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:

R.I. DEPT. OF STATE BUS SVCS DIV

1. Entity ID Number	2. Exact Name of the Corporation		
000036228	Greenwald Family Foundation, Inc.		
3. The address of the registe	ered office as PRESENTLY sho	wn in the records on file with	the RI Department of State:
Street Address 23 SURREY R			
City/Town BARRINGTON		State RHODE ISLAND	<sup>Zip</sup> 02806
4. The name of the registered SIDNEY F. GREENWALD	d agent as PRESENTLY show		RI Department of State:
5. The address of the <b>NEW</b> re	egistered office is:		
Street Address (NOT a P.O. Box	) 1 RICHMOND SQUARE, STI	E 125B	
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02906
6. The name of the <b>NEW</b> regi <b>REGISTERED AGENTS INC.</b>	•		
7. The address of the corpora be identical.	ation's registered office and the	address of the office of its re	gistered agent, as changed, will
8. The change was authorized	d by a resolution duly adopted	by its board of directors.	
Under penalty of perjury, I dec Corporation, and that all state	clare and affirm that I have exa ements contained herein are tru	mined this Statement of Char ue and correct.	nge of Registered Agent by the
Name of President/Vice President of the Corporation			Date
GAIL GREENWALD			JUNE 9, 2017
Signature of President/Vice P		PRENT MERIT	. The state of the

**MAIL TO:** 

**Division of Business Services** 

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

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

JUN 12 2017

BY 205 10 A. A. H. 11. 31 A.M.