RI SOS Filing Number: 201746223810 Date: 6/26/2017 1:51:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SYCS DIV
2017 JUN 26 PM 1:51

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the under		ne following
statement for the purpose of changing its registered agent in	the State of Rhode Island:	
Entity ID Number 2. Exact Name of the Corpor	ation ,	9F
1. Entity ID Number 2. Exact Name of the Corpor 2. The address of the registered office as RESERTING to	LIGHT /NEANTRY O	IF THE TOWN GLOVESTE
3. The address of the registered office as PRESENTLY shown in the records on the with the RI Department of State:		
Street Address DORR DRIVE, P.O. Box 951		
City/Town Ct/EPACHS7	State RHODE ISLAND	Zip 02814
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
PAUL LINEBERGER		
5. The address of the NEW registered office is:		
Street Address (NOT a RO. Box) 33 HORK DRVE		
City/Town CHERACHET	State RHODE ISLAND	Zip 02814
6. The name of the NEW registered agent is:	RHODE ISLAND	zip 02814
	RHODE ISLAND	zip 02814
6. The name of the NEW registered agent is:	**	/
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the	address of the office of its reg	/
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical.	address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have example of the name of the NEW registered agent is: 7. The address of the corporation's registered office and the being declared.	address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will ge of Registered Agent by the
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exactly corporation, and that all statements contained herein are true.	address of the office of its reg by its board of directors. mined this Statement of Chan ie and correct.	istered agent, as changed, will ge of Registered Agent by the
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exactly corporation, and that all statements contained herein are true. Name of President/Vice President of the Corporation	address of the office of its reg by its board of directors. mined this Statement of Chan ie and correct.	istered agent, as changed, will ge of Registered Agent by 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

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