Filing Fee: \$10.00

ID Number: <u>ND-27909</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH, BY THE CORPORATION

Pursuant to the provisions of Sections 7-6-13 or 7-6-78 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Rhode Island:

1.	The name of the corporation is:SALVATORE MANCINI CENTER ON AGING, INC.
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	2240 MINERAL SPRING AVENUE, NORTH PROVIDENCE, RI 02911
3.	The address of the NEW registered office is:
	SAME
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	CORINNE CALISE RUSSO
5.	The name of the NEW registered agent is:
	KAREN A. TESTA
6.	The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.
7.	The change was authorized by resolution duly adopted by its board of directors.
Da	Under penalty of perjury, I declare that the information contained herein is true and correct.
	JUN 2 2 1998 (Name of Corporation) By All All Solution Its President P or Its Vice President (SALVATORE MANCINI CENTER ON AGING, INC. (Name of Corporation) Its President P or Its Vice President (SALVATORE MANCINI CENTER ON AGING, INC.