RI SOS Filing Number: 201869896320 Date: 6/18/2018 10:50:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

RECEIVED
SECRE ARRY OF STATE
CORPORATIONS DIV

Entity ID Number	2. Exact Name of the Corporation			
000764719	Main Street Assoc	Main Street Association of East Greenwich		
3. The address of the regi	stered office as PRESENTLY shown	n in the records on file with t	he RI Department of State:	
Street Address 163 Spring	Street			
City/Town East Greenwich		RHODE ISLAND	Zip 02818	
4. The name of the registe	red agent as PRESENTLY shown in	n the records on file with the	RI Department of State:	
Douglas Truesdell				
5. The address of the NEV			· · · · · · · · · · · · · · · · · · ·	
Street Address (<u>NOT</u> a P.O. I	^{3ox)} 10 Queen Street, Unit 3			
City/Town East Greenwich		RHODE ISLAND	Zip 02818	
6. The name of the NEW r	egistered agent is:			
Jennifer Ingersoll				
•	oration's registered office and the a	ddress of the office of its req	gistered agent, as changed, w	
be identical.	ized by a recolution duly adopted by	vits board of directors.		
				
8. The change was author Under penalty of perjury, I	declare and affirm that I have exame latements contained herein are true	nined this Statement of Char	nge of Registered Agent by th	
8. The change was author Under penalty of perjury, I Corporation, and that all s	declare and affirm that I have exam	nined this Statement of Char	nge of Registered Agent by th	
8. The change was author Under penalty of perjury, I Corporation, and that all s Name of President/Vice P	declare and affirm that I have exam latements contained herein are true	nined this Statement of Char		
8. The change was author Under penalty of perjury, I Corporation, and that all s Name of President/Vice P Jennifer Ingersoll	declare and affirm that I have exam latements contained herein are true	nined this Statement of Char	Date	
8. The change was author Under penalty of perjury, I Corporation, and that all s Name of President/Vice P Jennifer Ingersoll	declare and affirm that I have examinatements contained herein are true resident of the Corporation	nined this Statement of Char	Date	

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

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