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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

SECRETARY OF STATE CORPORATIONS DIV

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:

1. Entity ID Number	2. Exact Name of the Corpora	2. Exact Name of the Corporation		
486731	North Kingstown Educational Support Professionals			
3. The address of the reg	istered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:	
Street Address 150 Fairwa	ny Drive	,		
City/Town North Kingstown		State RHODE ISLAND	^{Zip} 02852	
4. The name of the regist	ered agent as PRESENTLY show	n in the records on file with the	RI Department of State:	
Linda D. Jolicoeur			•	
5. The address of the NE				
Street Address (NOT a P.O.	Box) 150 Fairway Drive			
City/Town North Kingstown		State RHODE ISLAND	^{Zip} 02852	
6. The name of the NEW.	registered agent is:		- 	
Tina Bilodeau				
7. The address of the corbe identical.	poration's registered office and the	address of the office of its req	gistered agent, as changed, will	
8. The change was author	rized by a resolution duly adopted	by its board of directors.		
	I declare and affirm that I have exa statements contained herein are tro		nge of Registered Agent by the	
Name of President/Vice President of the Corporation			Date	
Susan Tavares			June 13, 2018	
Signature of President/Vio	ce President of the Corporation	MENT HERE		

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 18 2018

By 0332952

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