



State of Rhode Island and Providence Plantations

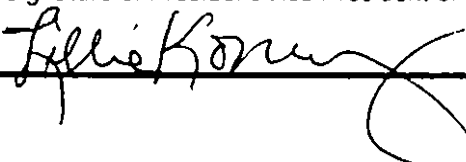
Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee. \$10.00

Pursuant to the provisions of RIGL 6-1-1 or 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<br><b>000028108</b>                                                                                                                                                                                                                                                           |  | 2. Exact Name of the Corporation<br><b>Calvin Presbyterian Church</b> |                        |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>126 Angell Road</b>                                                                                                                                |  |                                                                       |                        |
| City/Town <b>Cumberland</b>                                                                                                                                                                                                                                                                       |  | State <b>RHODE ISLAND</b>                                             | Zip <b>02864</b>       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State.<br><b>Rev. Dr. Robert J. Wiley, Jr.</b>                                                                                                                                     |  |                                                                       |                        |
| 5. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>126 Angell Road</b>                                                                                                                                                                          |  |                                                                       |                        |
| City/Town <b>Cumberland</b>                                                                                                                                                                                                                                                                       |  | State <b>RHODE ISLAND</b>                                             | Zip <b>02864</b>       |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Clerk of Session Peter Cameron</b>                                                                                                                                                                                                       |  |                                                                       |                        |
| 7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.                                                                                                                                                       |  |                                                                       |                        |
| 8. The change was authorized by a resolution duly adopted by its board of directors.<br><i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct</i> |  |                                                                       |                        |
| Name of President/Vice President of the Corporation<br><b>Lillie Koney, President</b>                                                                                                                                                                                                             |  |                                                                       | Date<br><b>6-17-18</b> |
| Signature of President/Vice President of the Corporation<br>                                                                                                                                                   |  |                                                                       |                        |

**FILED**

JUN 20 2018 10:39

**MAIL TO:**

Division of Business Services

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

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CORPORATIONS DIV  
STATE OF RHODE ISLAND  
SECRETARY OF STATE  
FORM 641 - Revised 11/2017