

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 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 Corporation		
29838	West Kingston Parent Teacher Organization (W.K.P.T.O.)		
3. The address of the registe	ered office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 3119 Ministeri	al Rd		
City/Town West Kingston		State RHODE ISLAND	^{Zip} 02892
4. The name of the registere	d agent as PRESENTLY shown	in the records on file with the	RI Department of State:
Kim Mather			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 3119 Ministerial Rd			
City/Town West Kingston		State RHODE ISLAND	^{Zip} 02892
6. The name of the NEW reg	gistered agent is:		
Soljane Martinez			
7. The address of the corpor be identical.	ration's registered office and the	address of the office of its reg	istered agent, as changed, will
8. The change was authorize	ed by a resolution duly adopted	by its board of directors.	
	eclare and affirm that I have exa tements contained herein are tru		ge of Registered Agent by the
Name of President/Vice President of the Corporation			Date
Vanessa Paniccia			6-19-2018
Signature of President/Vice	President of the Corporation		
SIGN DOCUMENT 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

JUN 2 1 2018 10:41

BY Co 333193