



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 CORPORATIONS DIV

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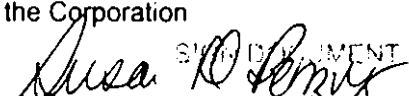
## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

7-6

Pursuant to the provisions of RIGL ~~7-1.2-502~~ or ~~7-1.2-1409~~ 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 <b>000500185</b>		2. Exact Name of the Corporation <b>Hope Street Merchant's Association, Inc.</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>5 Fort Hill Road</b>			
City/Town <b>Bristol</b>	State <b>RHODE ISLAND</b>	Zip <b>02809</b>	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Elizabeth M. Tanner, Esq.</b>			
5. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>769A Hope Street</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02906</b>	
6. The name of the <b>NEW</b> registered agent is: <b>Susan D. Benzuly</b>			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
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.			
Name of Authorized Officer of the Corporation <b>Susan D. Benzuly, President</b>		Date <b>6-20-18</b>	
Signature of Authorized Officer of the Corporation 			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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