

## Statement of Change of Agent DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

| 1. Entity ID Number  | 2. Exact Name of the Corpora  | 2. Exact Name of the Corporation                          |                                 |  |
|--|---|---|---------------------------------|--|
| 29547  | BF Norton PTO   |   |                                 |  |
| 3. The address of the regist   | ered office as PRESENTLY sho  | wn in the records on file with the                        | ne RI Department of State:      |  |
| Street Address 364 Broad Str   | reet  |   |                                 |  |
| City/Town Cumberland   |   | State RHODE ISLAND  | <sup>Zip</sup> 02864            |  |
| 4. The name of the registere   | ed agent as PRESENTLY shown   | in the records on file with the                           | RI Department of State:         |  |
| Antonio DiManna  |   |   |                                 |  |
| 5. The address of the NEW  |   |   |                                 |  |
| Street Address (NOT a P.O. Bo  | 364 Broad Street  |   |                                 |  |
| City/Town<br>Cumberland  |   | State RHODE ISLAND  | <sup>Zip</sup> 02864            |  |
|  |   |   |                                 |  |
| 6. The name of the <b>NEW</b> re   | •   |   |                                 |  |
| 6. The name of the NEW re  | •   |   |                                 |  |
| Sandra Lari  | •   | address of the office of its reg                          | istered agent, as changed, will |  |
| Sandra Laris 7. The address of the corpo be identical.   | viere   |   | istered agent, as changed, will |  |
| Sandra Laris 7. The address of the corpo be identical. 8. The change was authoriz Under penalty of perjury, I de   | ration's registered office and the  | by its board of directors.  amined this Statement of Chan |                                 |  |
| Sandra Laris 7. The address of the corpo be identical. 8. The change was authoriz Under penalty of perjury, I de   | ration's registered office and the red by a resolution duly adopted declare and affirm that I have exertements contained herein are training. | by its board of directors.  amined this Statement of Chan | ge of Registered Agent by the   |  |
| 5andra Laris 7. The address of the corporation be identical. 8. The change was authorized Under penalty of perjury, I decorporation, and that all states.  | ration's registered office and the red by a resolution duly adopted declare and affirm that I have exertements contained herein are training. | by its board of directors.  amined this Statement of Chan | ge of Registered Agent by the   |  |
| 5andra Laris 7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I de Corporation, and that all states Name of President/Vice | ration's registered office and the red by a resolution duly adopted declare and affirm that I have exertements contained herein are training. | by its board of directors.  amined this Statement of Chan | ge of Registered Agent by the   |  |

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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