



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

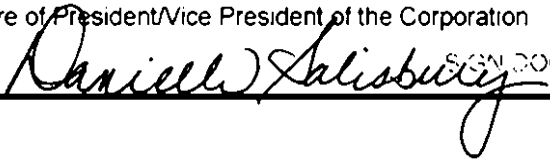
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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 OCT 18 AM 11:58

### Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|   |                |                                   |              |
|---|----------------|-----------------------------------|--------------|
| 1. Entry ID Number  |                | 2. Exact Name of the Corporation  |              |
| 000031230   |                | Cultural Organization of the Arts |              |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  |                |                                   |              |
| Street Address 5775 Post Road, P.O. Box 258   |                |                                   |              |
| City/Town   | East Greenwich | State                             | RHODE ISLAND |
| Zip   | 02818          |                                   |              |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:  |                |                                   |              |
| Lisa Sussman  |                |                                   |              |
| 5. The address of the NEW registered office is:   |                |                                   |              |
| Street Address (NOT a P.O. Box) 5775 Post Road, P.O. Box 258  |                |                                   |              |
| City/Town   | East Greenwich | State                             | RHODE ISLAND |
| Zip   | 02818          |                                   |              |
| 6. The name of the NEW registered agent is:   |                |                                   |              |
| Danielle Salisbury  |                |                                   |              |
| 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   |                |                                   |              |
| 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 President/Vice President of the Corporation   |                |                                   | Date         |
| Danielle Salisbury  |                |                                   | 5/23/2018    |
| 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

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**FILED**

OCT 18 2018

BY 740136