

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 7-6-12 or 7-6-73 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island. 2 Exact Name of the Corporation 1 Entity ID Number **Hope Nursing Foundation** 000870756 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State Street Address City/Town 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State Kimberly I. McCarthy, Esq. 40 Westminster Strret, suite1100 Providence RI 02903 5. The address of the NEW registered office is Street Address (NOT a P.O. Box) 1049 Park Ave C ty/Town Cranston <sup>Ζιρ</sup> 02910 **RHODE ISLAND** 6 The name of the NEW registered agent is Irene Qi 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 Date Name of President/Vice President of the Corporation 3/26/2019 Irene Qi Signature of President/Vice President of the Corporation

MAIL TO.

Division of Business Services

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