



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2019 AUG 13 PM 12:00

**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. Entity ID Number <b>000541067</b>		2. Exact Name of the Corporation <b>Rhode Island Dream Center</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>330 Park Ave</b>			
City/Town <b>CRANSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02905</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>ARTHUR "ARTIE" RUSSO</b>			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>SAME</b>			
City/Town <b>CRANSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02905</b>	
6. The name of the <b>NEW</b> registered agent is: <b>RAMONA BROWN</b>			
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.			
<i>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.</i>			
Name of President/Vice President of the Corporation <b>Ramona Brown</b>		Date <b>8/8/19</b>	
Signature of President/Vice President 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

**FILED**  
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