RI SOS Filing Number: 201913566160 Date: 8/19/2019 11:01:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETA STATE

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Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> 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 2. Exact Name of the Corporation		
68009 Woonsocket Kedskinsvouth Football		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address Ballou S+		
WOONSOCKET	State RHODE ISLAND	zip 07895
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
Richard Methot		
5. The address of the NEW registered office is.		
Street Address (NOT a P.O. Box) 1435 High St		
City/Town Central Falls	State RHODE ISLAND	Zip 028/6
6. The name of the NEW registered agent is:	State RHODE ISLAND	zip 028/6
6. The name of the NEW registered agent is: See Section 15	RHODE ISLAND	028/6
6. The name of the NEW registered agent is: Color Color	RHODE ISLAND	028/6
6. The name of the NEW registered agent is: Color Color	RHODE ISLAND	028/6
6. The name of the NEW registered agent is: **Prescription** 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted.	address of the office of its reg	gistered agent, as changed, will
6. The name of the NEW registered agent is: Color Color	e address of the office of its reg	gistered agent, as changed, will
6. The name of the NEW registered agent is: **Prescription** 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have example of the change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have example of the change was authorized by a resolution duly adopted Under penalty of perjury.	e address of the office of its reg	gistered agent, as changed, will
6. The name of the NEW registered agent is: 2. Corporation, and that all statements contained herein are true.	e address of the office of its reg	gistered agent, as changed, will age of Registered Agent by the
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6. The name of the NEW registered agent is: **Prescription** 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exa Corporation, and that all statements contained herein are true. Name of President/Vice President of the Corporation **Signature of President/Vige President of the Corporation**	e address of the office of its reg	gistered agent, as changed, will age 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

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AUG 19 2019

BY BPLFY