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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 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 000141129		2. Exact Name of the Corporation COMMUNITY PROVIDER NETWORK OF RHODE ISLAND	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 110 JEFFERSON BLVD.			
City/Town WARWICK	State RHODE ISLAND	Zip 02888	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: DONNA MARTIN			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 110 JEFFERSON BLVD.			
City/Town WARWICK	State RHODE ISLAND	Zip 02888	
6. The name of the NEW registered agent is: TINA SPEARS			
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 GLORIA QUINN, PRESIDENT		Date 6/19/19	
Signature of President/Vice President of the Corporation <i>[Signature]</i> SIGN DOCUMENT HERE			

2019 JUN 18
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12:33

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AUG 26 2019
 BY *[Signature]* JWFV
 2019 AUG 26 PM 12:33
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov