Filing Fee \$10.00

Form No N 14

State of Rhode Island and Providence Plantations STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH OF

MOUNT PLEASANT CHAPTER #21, DISABLED AM, VETERIAMS

To the Secretary of State	
of the State of Rhode Island	
Pursuant to the provisions of Section 7-6-78 of the General Laws, 1956, as an	nended
the undersigned corporation, organized under the laws of the State of RHODE ISLAND	**********
submits the following statement for the purpose of changing its registered office or its registered agent, or bot State of Rhode Island:	
FIRST: The name of the corporation is MT. PLEASANT CHAPTER #21, DISABLED AMERICAN VETERANS	• • • • • • • • • • • • • • • • • • • •
DISABLED AMERICAN VETERANS	•••••
SECOND: The address of its present registered office is 17 REYNOLDS AVENUE,	
NORTH PROVIDENCE, R.L. 02911	•••••••
THIRD: The address to which its registered office is to be changed is 119 AUSTIN AVENUE, GREENVILLE, R.I., 02828-1412.	
FOURTH: The name of its present registered agent is SEVARINO ROSSI (DECEASE)	(a
FIFTH: The name of its successor registered agent is EARL R. KHIGHT UR.	••••••
SIXTH: The address of its registered office and the address of the business office of its registered a changed, will be identical.	gent, as
SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.	
Dated 26 March, 1990	
MT-PLEASANT CHAPTER 21, DISABLED AM VETERAM	£S(Note 2)
By Berton Oltucker	. (Note 3)
Its CHAPTER President	
NOTES: 1. Insert "7-6-13" if a business corporation, or "7-6-78" if a non-profit corporation. 2. Exact corporate name of corporation making statement. 3. Signature and title of officer signing for the corporation.	

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