



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

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R.I. DEPT. OF STATE
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Statement of Change of Agent
DOMESTIC or FOREIGN Non-Profit Corporation

2020 JUN 29 PM 3:13

→ 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 001665763	2. Exact Name of the Corporation The WIN Program at The Breast Health Center at ^{Kent} Hospital		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 797 Bald Hill Rd.			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph J. McGair Esq.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) Breast Center at ^{Kent} Hospital 455 Toll Gate Rd.			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
6. The name of the NEW registered agent is: Dawn Sheehan RN			
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.			
Name of President/Vice President of the Corporation Christen Andrade			Date 6/24/20
Signature of President/Vice President of the Corporation Christen Andrade			

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JUN 29 2020

BY **91XV9**

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov