

Filing Fee: \$20.00

ID Number: 2271



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

STATEMENT OF CHANGE OF REGISTERED AGENT  
BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

1. The name of the corporation is Benevolent Corporation
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  
50 South Main Street
3. The address of the NEW registered office is:  
121 Hazard Avenue, Providence, RI 02906
4. The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  
Thomas P.I. Goddard
5. The name of the NEW registered agent is:  
Barry G. Hittner
6. The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on \_\_\_\_\_  
(a date not prior to, nor more than 30 days after, filing this statement)
7. The change was authorized by resolution duly adopted by its board of directors. [Strike if inapplicable pursuant to Section 7-1.1-51(1).]

Date: 2/8/03

Benevolent Corporation

Print Corporate Name

By Thomas P. Goddard  
Its President ☒ or Its Vice President ☐

STATE OF Rhode Island  
COUNTY OF Providence

In Providence, on this 8<sup>th</sup> day of January, 2003, personally appeared before me Thomas R. Adams who, being by me first duly sworn, declared that he/she is the President of the corporation and that he/she signed the foregoing document as such officer of the corporation, and that the statements herein contained are true.

FILED

FEB 11 2003

Notary Public

My Commission Expires: 3/12/05

BY COA

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