



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

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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		2. Exact Name of the Corporation	
000122922		Holy Ghost Society of North Smithfield	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 8 Dorene Drive (Last Known From reg.)			
City/Town North Smithfield		State RHODE ISLAND	Zip 02896
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Michelle Guertin			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 50 Doreman Avenue			
City/Town North Providence		State RHODE ISLAND	Zip 02904
6. The name of the NEW registered agent is:			
Irene Diaz			
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			Date
Irene Diaz			11/20/20
Signature of President/Vice President of the Corporation			
SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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