



State of Rhode Island

## Department of State - Business Services Division

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## Statement of Change of Registered 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<br>000120005                                                                                                                                                                    |  | 2. Exact Name of the Corporation<br>MYRON J. FRANCIS PARENT TEACHER ORGANIZATION |                  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |  |                                                                                  |                  |
| Street Address 64 BOURNE AVENUE                                                                                                                                                                     |  |                                                                                  |                  |
| City/Town RUMFORD                                                                                                                                                                                   |  | State RHODE ISLAND                                                               | Zip 02916        |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>NICOLE KUDARAUSKAS                                                         |  |                                                                                  |                  |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |  |                                                                                  |                  |
| Street Address (NOT a P.O. Box) 64 BOURNE AVENUE                                                                                                                                                    |  |                                                                                  |                  |
| City/Town RUMFORD                                                                                                                                                                                   |  | State RHODE ISLAND                                                               | Zip 02916        |
| 6. The name of the <b>NEW</b> registered agent is:<br>MEGAN ST. LEDGER                                                                                                                              |  |                                                                                  |                  |
| 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<br>MEGAN ST. LEDGER, TREASURER                                                                                                                  |  |                                                                                  | Date<br>3/3/2021 |
| Signature of President/Vice President of the Corporation<br>                                                                                                                                        |  |                                                                                  |                  |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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