



State of Rhode Island  
**Department of State - Business Services Division**

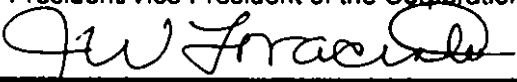
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 RI DEPT. OF STATE  
 BUS. SVCS DIV.  
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**Statement of Change of Registered Agent**

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 <b>29254</b>		2. Exact Name of the Corporation <b>Family Child Care Homes of RI, Inc</b>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>5 Westwind Rd.</b>			
City/Town <b>Wakefield</b>	State <b>RHODE ISLAND</b>	Zip <b>02879</b>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Sandra Narkevicius</b>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <b>146 Evarts Street</b>			
City/Town <b>Newport</b>	State <b>RHODE ISLAND</b>	Zip <b>02840</b>	
6. The name of the NEW registered agent is: <b>JACQUELINE TORACINTA</b>			
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.			
<i>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.</i>			
Name of President/Vice President of the Corporation <b>JACQUELINE TORACINTA</b>		(VP)	Date <b>4/13/21</b>
Signature of President/Vice President of the Corporation 			

**MAIL TO:**

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

**FILED** <sup>m</sup> **STAMP**  
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