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## **Statement of Change of Registered Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

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2021 MAY 21 A 9: 30

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:

statement for the purpose of cr	nanging its registered agent in t	the State of Rhode Island:		
1. Entity ID Number	2. Exact Name of the Corporation			
000118884	Hampden Meadows School Parent Teacher Organization			
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 297 New Meadow Road				
City/Town Barrington		State RHODE ISLAND	<sup>Zip</sup> 02806	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:				
Arlene Miguel				
5. The address of the <b>NEW</b> registered office is:				
Street Address (NOT a P.O. Box) 297 Meadow Road				
City/Town Barrington		State RHODE ISLAND	<sup>Zip</sup> 02806	
6. The name of the <b>NEW</b> registered agent is:				
Celeste Bremer				
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  Celeste Bremer  Date  5/18/203			Date 5/18/2021 .	
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** 

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