

## Statement of Change of Registered Agent

**DOMESTIC or FOREIGN Non-Profit Corporation** 

→ Filing Fee: \$10.00

	IGL <u>7-6-13</u> or <u>7-6-78</u> the unde anging its registered agent in	rsigned corporation submits th the State of Rhode Island:	e following 2. VA
Entity ID Number	2. Exact Name of the Corporation		
000034645	National Perinatal Information Center, Inc		
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 225 Chapman Str			
City/Town Providence		State RHODE ISLAND	Zip <sub>02905</sub>
4. The name of the registered	agent as PRESENTLY shown	in the records on file with the	RI Department of State:
lanet H. Muri			
5. The address of the NEW re			
Street Address ( <u>NOT</u> a P.O. Box)	225 Chapman Street, Suite 200		
City/Town Providence		State RHODE ISLAND	Zip 02905
6. The name of the <b>NEW</b> regi	stered agent is:		
Elizabeth Rochin			
<ol><li>The address of the corpora be identical.</li></ol>	tion's registered office and the	address of the office of its reg	istered agent, as changed, will
8. The change was authorized	by a resolution duly adopted	by its board of directors.	
Under penalty of perjury, I dec Corporation, and that all state	clare and affirm that I have exa ments contained herein are tro	mined this Statement of Chan ie and correct.	ge of Registered Agent by the
Name of President/Vice Presi	dent of the Corporation		Date
Wendy Guida, Vice President, Operations			6/29/21

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Signature of President/Vice President of the Corporation

Phone: (401) 222-3040 Website: www.sos.ri.gov

