



State of Rhode Island

Department of State - Business Services Division

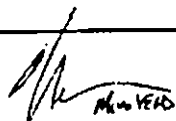
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# Statement of Change of Registered Agent

## 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 <b>000972447</b>		2. Exact Name of the Corporation <b>Rhode Island Council of Child &amp; Adolescent Psychiatry</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>40 Westminster St., Ste. 1100</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>John J. Partridge, Esq.</b>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <b>40 Westminster St., Ste. 1100</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
6. The name of the NEW registered agent is: <b>Elizabeth O. Manchester, Esq.</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.			
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 <b>MICHAEL WOLFE</b>		Date <b>7/3/21</b>	
Signature of President/Vice President of the Corporation <b>X</b> 			

## MAIL TO:

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

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