RI SOS Filing Number: 202199455900 Date: 7/21/2021 8:54:00 AM



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

**DOMESTIC or FOREIGN Non-Profit Corporation** 

→ Filing Fee: \$10.00

RIL DEPTLOF STATE BUS SVCS DIV

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	Entity ID Number 2. Exact Name of the Corporation			
000029848	Rhode Island Congress of Parents and Teachers			
3. The address of the registe	red office as PRESENTLY show	wn in the records on file with th	e RI Department of State:	
Street Address Rhode Island (	College, BLDG 6 600 Mount Ple	easant Avenue		
City/Town Providence		State RHODE ISLAND	Zip 02908	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Alice Carlan				
5. The address of the <b>NEW</b> registered office is:				
Street Address (NOT a P.O. Box) 1765 West Shore Road				
City/Town Warwick		State RHODE ISLAND	Zip 02889	
6. The name of the <b>NEW</b> reg Sarah Theberge	istered agent is:		· · · · · · · · · · · · · · · · · · ·	
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			Date	
Sarah The			7-16-2021	
Signature of President/Vice President of the Corporation				
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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 M

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