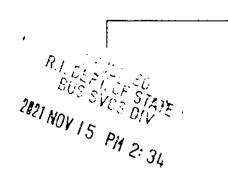


Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00



1. Entity ID Number	2. Exact Name of the Corpor	2. Exact Name of the Corporation		
000108252	Newport Festa Italiana	Newport Festa Italiana, Inc.		
3. The address of the req	gistered office as PRESENTLY sho	own in the records on file with t	he RI Department of State:	
Street Address 100 Rhode	Island AvenuePO Box 3663			
City/Town Newport		State RHODE ISLAND	^{Zip} 02840	
4. The name of the regis	tered agent as PRESENTLY show	n in the records on file with the	RI Department of State:	
J. Clement Cicilline				
5. The address of the NE		·		
Street Address (NOT a P.O	Box) 16 Keeher Avenue			
City/Town Newport		State RHODE ISLAND	Zip 02840	
6. The name of the NEW	registered agent is:	•		
Sandra J. Flowers				
7. The address of the colbe identical.	rporation's registered office and the	e address of the office of its rec	gistered agent, as changed, will	
	prized by a resolution duly adopted	by its board of directors.	<u> </u>	
8. The change was authorized				
Under penalty of perjury,	I declare and affirm that I have ex statements contained herein are to		nge of Registered Agent by the	
Under penalty of perjury, Corporation, and that all			nge of Registered Agent by the Date	
Under penalty of perjury, Corporation, and that all	statements contained herein are to			

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

NOV 1 5 2021

A.A. 2:34 pm

FORM 641 - Revised: 08/2020