



State of Rhode Island

Department of State - Business Services Division

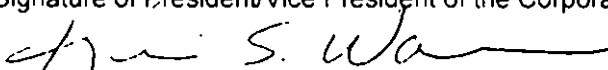
Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

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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 000089957 | | 2. Exact Name of the Corporation Rhode Island Public Health Association | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 48 Andre Avenue | | | |
| City/Town Wakefield | | State RHODE ISLAND | Zip 02879 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Alison Croke | | | |
| 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 92 Cherokee Dr. | | | |
| City/Town Portsmouth | | State RHODE ISLAND | Zip 02871 |
| 6. The name of the NEW registered agent is: Kerri Warren | | | |
| 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. | | | |
| <i>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.</i> | | | |
| Name of President/Vice President of the Corporation Kerri Warren - President (Elect) | | | Date 9/16/2022 |
| 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

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