



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2022 DEC -5 P 12:07

**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<br><b>000089572</b>                                                                                                                                                                    | 2. Exact Name of the Corporation<br><b>Cove Homes Incorporated</b> |                        |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                  |                                                                    |                        |
| Street Address <b>One Park Row, Suite 300</b>                                                                                                                                                              |                                                                    |                        |
| City/Town <b>Providence</b>                                                                                                                                                                                | State <b>RHODE ISLAND</b>                                          | Zip <b>02903</b>       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Drew P. Kaplan, Esq.</b>                                                       |                                                                    |                        |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                                     |                                                                    |                        |
| Street Address (NOT a P.O. Box) <b>240 Chestnut Street</b>                                                                                                                                                 |                                                                    |                        |
| City/Town <b>Warwick</b>                                                                                                                                                                                   | State <b>RHODE ISLAND</b>                                          | Zip <b>02888</b>       |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Louise Marcus, 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.                                                                                                                       |                                                                    |                        |
| <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<br><b>Ruth Feder</b>                                                                                                                                   |                                                                    | Date<br><b>11.7.22</b> |
| Signature of President/Vice President of the Corporation<br>                                                                                                                                               |                                                                    |                        |

**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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BY