RI SOS Filing Number: 202326434240 Date: 1/23/2023 11:30:00 AM



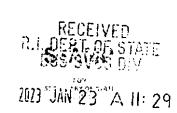
State of Rhode Island

**Department of State - Business Services Division** 

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

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00



Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:		
		e of Rhode Estand
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 4 Oregan Armut		
City/Town North Providence	RHODE ISLAND	zip 02911
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
5. The address of the NEW registered office is		
Street Address (NOT a P.O. Box) 751 Hartfold Pike		
City/Town Sc; ty te	State RHODE ISLAND	02857
6. The name of the <b>NEW</b> registered agent is:	State	
6. The name of the <b>NEW</b> registered agent is:  Suzmine 1 = 1 = 90 = 000  7. The address of the corporation's registered office and the be identical.	RHODE ISLAND address of the office of its reg	0285
6. The name of the <b>NEW</b> registered agent is:  Suzmine 1/Egrand 0  7. The address of the corporation's registered office and the be identical.  8. The change was authorized by a resolution duly adopted	RHODE ISLAND  address of the office of its reg by its board of directors.	stered agent, as changed, will
6. The name of the <b>NEW</b> registered agent is:  Suzmine 1 = 1 = 90 = 000  7. The address of the corporation's registered office and the be identical.	address of the office of its reg	stered agent, as changed will
6. The name of the <b>NEW</b> registered agent is:  Suzmine (Suzmine)  7. The address of the corporation's registered office and the be identical.  8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have example (Suzmine)	address of the office of its reg	stered agent, as changed, will
6. The name of the <b>NEW</b> registered agent is:  Suznive Elegico 0  7. The address of the corporation's registered office and the be identical.  8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exa Corporation, and that all statements contained herein are true. Name of President/Vice President of the Corporation	address of the office of its reg	stered agent, as changed will ge of Registered Agent by the
6. The name of the <b>NEW</b> registered agent is:  Suzni DUE  7. The address of the corporation's registered office and the be identical.  8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exa Corporation, and that all statements contained herein are true.  Name of President/Vice President of the Corporation	address of the office of its reg	istered agent, as changed will ge of Registered Agent by the

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 2 3 2023 MP BY MY 656CN

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