State of Rhode Island	tota - Pusimosa Samilasa	. Division	ia
Statement of Chang DOMESTIC or FOREIGN → Filling/Fee: \$10.00	R.I e of Registered Ager I Non-Profit Corporations	RE SUBSTATER L. DEPT BUS SAUS SAPER SE PH 1: 3873 APR S	OF STATE VCS DIV O PM 3: 35
statement for the purpose of c	RIGL <u>7-6-13</u> or <u>7-6-78</u> the unde hanging its registered agent in	the State of Rhode Island:	ne following
1. Entity ID Number	2. Exact Name of the Corporation		
000798749	Arnolda East Association		
3. The address of the registe	red office as PRESENTLY sho	wn in the records on file with t	ne RI Department of State:
Street Address 11 Mill Brook	CT		
City/Town Charlestown		State RHODE ISLAND	^{Zip} 02813
4. The name of the registered Arthur Haskins	d agent as PRESENTLY showr	n in the records on file with the	RI Department of State:
5. The address of the NEW re	egistered office is:		
Street Address (<u>NOT</u> a P.O. Box	⁾ 41 Grays Point Rd		
City/Town Charlestown		State RHODE ISLAND	^{Zip} 02813
6. The name of the NEW reg Christopher J Fox	istered agent is:		
7. The address of the corpora be identical.	ation's registered office and the	address of the office of its reg	gistered agent, as changed, will
	d by a resolution duly adopted	•	
Under penalty of perjury, I de	clare and affirm that I have exa	amined this Statement of Char	ige of Registered Agent by the

Harold Kisner

Signature of President/Vice President of the Corporation

Name of President/Vice President of the Corporation

Corporation, and that all statements contained herein are true and correct.

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

Date

4/4/23

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