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## State of Rhode Island Department of State - Business Services Division

## 100 24 PK2:0

## **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:

1. Entity ID Number	Number 2. Exact Name of the Corporation			
912471	The Community Concert Series @ St. Michael's			
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 32 Anchorage Ct.				
City/Town Bristol		State RHODE ISLAND	<sup>Zip</sup> 02809	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:				
Gail Storms				
5. The address of the NEW registered office is:				
Street Address (NOT a P.O. Box) 165 Wood St.				
City/Town Bristol		State RHODE ISLAND	<sup>Zip</sup> 02809	
6. The name of the NEW registered agent is:				
MaryKae Wright				
<ol> <li>The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.</li> </ol>				
8. The change was authorized by a resolution duly adopted by its board of directors.				
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.				
Name of President/Vice President of the Corporation			Date	
MaryKae Wright			11/22/23	
Signature of President/Vice President of the Corporation				
Marykae Wright				

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

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