RI SOS Filing Number: 202445003080 Date: 1/29/2024 4:18:00 PM



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 R statement for the purpose of cl			e following
1. Entity ID Number	2. Exact Name of the Corpora		
000029715	COLLEGE HILL NEIGHBORHOOD ASSOCIATION		
3. The address of the register	red office as PRESENTLY show	vn in the records on file with th	e RI Department of State:
Street Address 25 CREIL	HTON ST		
City/Town PIROVIDENCE		State RHODE ISLAND	Zip 02906
4. The name of the registered	agent as PRESENTLY shown	in the records on file with the	RI Department of State:
RICHARD CHA	MPAGNE		
5. The address of the NEW re	egistered office is:		
Street Address (NOT a P.O. Box	74 KEENE ST	•	
City/Town PILOVIDENC	6	State RHODE ISLAND	Zip 02906
· ACOMENE	<u> </u>	KHODE ISLAND	7
6. The name of the NEW regi	stered agent is:	KHODE ISLAND	
6. The name of the NEW regi	stered agent is: ⟨ ○ ♥		istered agent, as changed, will
6. The name of the NEW region in the NEW r	stered agent is: ⟨ ○ ♥	address of the office of its reg	
6. The name of the NEW reging ININA MAP H 7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I decomposed to the name of the NEW region of the Ne	stered agent is: へいく ation's registered office and the	address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will
6. The name of the NEW reging ININA MAP H 7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I decomposed to the name of the NEW region of the Ne	istered agent is: (OV ation's registered office and the d by a resolution duly adopted clare and affirm that I have exe ements contained herein are tre	address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will ge of Registered Agent by the
6. The name of the NEW reging ININA MAP A 7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I des Corporation, and that all states	stered agent is: (OV ation's registered office and the d by a resolution duly adopted clare and affirm that I have exe ements contained herein are tra ident of the Corporation President of the Corporation	address of the office of its reg by its board of directors. mined this Statement of Chan	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 **FILED**

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BY WZVQR