RI SOS Filing Number: 202446443100 Date: 2/14/2024 1:58:00 PM



Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00





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· · · · · · · · · · · · · · · · · · ·	$RIGL_{7-6-13}$ or $7-6-78$ the undernarging its registered agent in	rsigned corporation submits the the State of Rhode Island:	e following
1. Entity ID Number	2. Exact Name of the Corporation		
001672260	Barrington Farm School		
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 16 Brown Avenue			
City/Town Barrington		State RHODE ISLAND	^{Zip} 02806
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Ronald Pitt			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 17 Cottage Avenue			
City/Town Portsmouth		State RHODE ISLAND	^{Zip} 02871
6. The name of the NEW registered agent is:			
Wayne A. Leaver			
	ition's registered office and the	address of the office of its reg	istered agent, as changed, will
7. The address of the corporate identical. 8. The change was authorized.	d by a resolution duly adopted	by its board of directors.	
7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I de		by its board of directors. mined this Statement of Chan	
7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I de	d by a resolution duly adopted clare and affirm that I have exa ements contained herein are tro	by its board of directors. mined this Statement of Chan	
7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I de Corporation, and that all state	d by a resolution duly adopted clare and affirm that I have exa ements contained herein are tro	by its board of directors. mined this Statement of Chan	ge of Registered Agent by the
7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I de Corporation, and that all state Name of President/Vice President/Vi	d by a resolution duly adopted clare and affirm that I have examents contained herein are traident of the Corporation	by its board of directors. mined this Statement of Chan	ge of Registered Agent by the
7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I de Corporation, and that all state Name of President/Vice President A. Leaver	d by a resolution duly adopted clare and affirm that I have examents contained herein are traident of the Corporation	by its board of directors. mined this Statement of Chan	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

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BY ML C3WPM