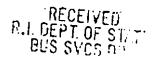


State of Rhode Island

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 RIGL <u>7-6-13</u> or <u>7-6-78</u> the unde statement for the purpose of changing its registered agent in		e rollowing
Entity ID Number 2. Exact Name of the Corporation	ation	N
000028383 Oakcrest Vi	Lage Condomir	ium Association, Inc.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 104 Forestwood Drive		
City/Town North Providence	State RHODE ISLAND	Zip 02904
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
First Choice Property Management		
5. The address of the NEW registered office is:		
Street Address (NOI a P.O. Box) 48 Hamlet Ave		
. 5 , 100. 1100	, · · -	
City/Town Woonsocket	State RHODE ISLAND	^{zip} 02895
6. The name of the NEW registered agent is:	RHODE ISLAND	02010
CITY/TOWN WOONSOCKET	RHODE ISLAND	02010
6. The name of the NEW registered agent is:	State RHODE ISLAND	ement inc
6. The name of the NEW registered agent is: First Choice Prope 7. The address of the corporation's registered office and the	State RHODE ISLAND Aty Monage address of the office of its region.	ement inc
6. The name of the NEW registered agent is: First Choice Prope 7. The address of the corporation's registered office and the be identical.	State RHODE ISLAND Aty Monage address of the office of its region by its board of directors. In the statement of Change The statement of Change	ement inc
6. The name of the NEW registered agent is: First Choice Properation of the definition of the corporation of the delare and effirm that I have example to the corporation of the change was authorized by a resolution duly adopted Under penalty of perfury, I declare and effirm that I have example to the change was authorized by a resolution duly adopted under penalty of perfury, I declare and effirm that I have example to the change was authorized by a resolution duly adopted.	State RHODE ISLAND Aty Monage address of the office of its region by its board of directors. In the statement of Change The statement of Change	ement inc
6. The name of the NEW registered agent is: TIST Choice Property. 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 effirm that I have exa Corporation, and that all statements contained herein are true.	State RHODE ISLAND Aty Monage address of the office of its region by its board of directors. In the statement of Change The statement of Change	istered agent, as changed, will

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

