



2024 AUG -5 AM 11: 17

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 2. Exact Name of the Corporation | |
| 26053 George Hail Free Library | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | |
| Street Address 530 May 57 | |
| City/Town Warren | State RHODE ISLAND Zip 02885 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | |
| E. Patricia Redfearn | |
| 5. The address of the NEW registered office is: | |
| Street Address (NOT a P.O. Box) 530 Main St. | |
| City/Town War Cen | State RHODE ISLAND Zip 02 ABS |
| 6. The name of the NEW registered agent is: | |
| Christine L. M. Matas | |
| The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical. | |
| 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 | on Date |
| Kathryn Barry 8-1-2014 | |
| Signature of President Vice President of the Corporation **Rathrum** Bahhu** | |

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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FORM 641 - Revised: 01/2024