

## 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

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 the undersigned corporation submits the following I

statement for the purpose of cl	nanging its registered agent	in the State of Rhode Islan	ıd:
1. Entity ID Number	2. Exact Name of the Corp	oration	$\sim$
000/17051	ALTERNATIVE	Educational	Programming, INC.
3. The address of the register	ed office as PRESENTLY st	hown in the records on file	with the RI Department of State:
Street Address			
City/Town		State RHODE ISLAM	ID Zip
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 260 Cheshile DRIVE			
City/Town RAN STO	N	State RHODE ISLAN	ID   Zip 02921
6. The name of the NEW regi	stered agent is:  ELLEN R	): MAio	
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical. 260 CHESHIRE DRIVE CRANKTON PI OZG 21			
8. The change was authorized			
Under penalty of perjury, I de- Corporation, and that all state			Change of Registered Agent by the
Name of President/Vice Presi	dent of the Corporation		Date /
Name of President/Vice President of the Corporation  MARY ELLEN J. MAIO  Date  10/7/24			10/7/24
Signature of President/Vice P	resident of the Corporation		

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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