



State of Rhode Island
Department of State - Business Services Division

REC'D RID05 BSD
24 NOV 6 PM 1:45:05

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 statement for the purpose of changing its registered agent in the State of Rhode Island:

| | | | |
|--|--|---|-------------------|
| 1. Entity ID Number 001752369 | | 2. Exact Name of the Corporation Issue One | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 58 LOUIS AVE. | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02907 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Nicole Lagace | | | |
| 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | | |
| City/Town East Providence | | State RHODE ISLAND | Zip 02914 |
| 6. The name of the NEW registered agent is: C T Corporation System | | | |
| 7. 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. <i>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.</i> | | | |
| Name of President/Vice President of the Corporation Amelia Leonardi | | | Date 11/5/2024 |
| Signature of President/Vice President of the Corporation <i>Amelia Leonardi</i> | | | |

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

NOV 06 2024
BY XSK/FK
145 PD