

## 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 R statement for the purpose of cl	${ m HGL} 7.6.13$ or $7.6.78$ the under nanging its registered agent in t	signed corporation submits the State of Rhode Island:	he following
1. Entity ID Number	2. Exact Name of the Corporation		
000793238	Greystone F	) TA	
3. The address of the register	ed office as PRESENTLY show	m in the records on file with t	he RI Department of State:
Street Address	<b>C</b> 1		
State Zp			
City/Town North Providence		RHODE ISLAND	02911
4. The name of the registered	agent as PRESENTLY shown	in the records on file with the	e RI Department of State:
Elizabeth Pace			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box)			
State Zip			
City/Town North Providence		RHODE ISLAND	02911
6. The name of the NEW registered agent is:			
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will			
7. The address of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the address of the small of the corporation's registered duice and the corporation of the corporation's registered duice and the corporation of the corporation			
a The shape was sutherized by a resolution duty 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			
Linker Solamo Laylay			
Signature of President Vice President of the Corporation			
FAM 10 S	1		
X			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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