



State of Rhode Island
Department of State - Business Services Division

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CORPORATE
SECRETARY

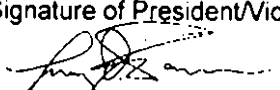
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Statement of Change of Registered Agent

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:

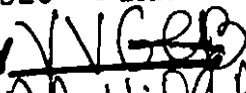
1. Entity ID Number 000089957	2. Exact Name of the Corporation The Rhode Island Public Health Association	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address c/o Carelink RI, 400 Massasoit Ave, Suite 300		
City/Town East Providence	State RHODE ISLAND	Zip 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Kerri Warren		
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) c/o Carelink RI, 400 Massasoit Ave, Suite 300		
City/Town East Providence	State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is: Larry Warner		
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.		
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 Larry Warner		Date 11/20/2024
Signature of President/Vice President 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

FILED

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BY 
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