RI SOS Filing Number: 202461702530 Date: 12/19/2024 9:16:00 AM



REC'D RIDOS BSD '24 CEC 13 689:13:29

Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

| Entity ID Number | 2. Exact Name of the Corporation | | |
|---|---|-----------------------------------|-------------------------------------|
| 001693348 | Bears Wrestling Club, Inc. | | |
| 3. The address of the register | ed office as PRESENTLY show | wn in the records on file with th | ne RI Department of State: |
| Street Address 235 Hope St | reet | - | |
| City/Town Providence | | State RHODE ISLAND | ^{Zip} 02912 |
| 4. The name of the registered | agent as PRESENTLY shown | in the records on file with the | RI Department of State: |
| Joedan Leen | | | |
| 5. The address of the NEW re | egistered office is: | | |
| Street Address (NOT a P.O. Box | 469 Angell Street, Suite | 202 | |
| City/Town Providence | | State RHODE ISLAND | ^{Zip} 02906 |
| 6. The name of the NEW regi | stered agent is: | | <u> </u> |
| Marc B. Gertsacov, Esq. | | | |
| 7. The address of the corpora be identical. | ition's registered office and the | address of the office of its reg | istered agent, as changed, will |
| | d by a resolution duly adopted | by its board of directors. | |
| 8. The change was authorized | | | 45 14 14 11 |
| Under penalty of perjury, I de | clare and affirm that I have exa ements contained herein are tru | | ge of Registered Agent by the |
| Under penalty of perjury, I de | ements contained herein are tru | | ge of Registered Agent by the Date |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

