REC'D RIDOS #50 250 '25 JAN 13 FH1: #3:04

Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

statement for the purpose of changing its registered agent in the State of Rhode Island:	Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following		
	statement for the purpose of changing its registered agent in the State of Rhode Island:	<u>.</u>	

Entity ID Number	2. Exact Name of the Corporation					
000026279	Thundermist Health Center					
3. The address of the register	ed office as PRESENTLY show	vn in the records on file with th	e RI Department of State:			
Street Address 171 Service	Avenue, Building Z.					
City/Town Warwick		State RHODE ISLAND	^{Zip} 02886			
4. The name of the registered	agent as PRESENTLY shown	in the records on file with the	RI Department of State:			
Jeanne LaChance						
5. The address of the NEW registered office is:						
Street Address (NOT a P.O. Box) 171 Service Avenue, Building 1						
City/Town Warwick		RHODE ISLAND	^{Zip} 02886.			
6. The name of the NEW regis	stered agent is:		<u> </u>			
Charles Jones						
7. The address of the corpora be identical.	tion's registered office and the	address of the office of its reg	istered agent, as changed, will			
8. The change was authorized	by a resolution duly adopted	by its board of directors.				
	clare and affirm that I have exa ments contained herein are tru		ge of Registered Agent by the			
Name of President/Vice President of the Corporation			Date 01/10/2025			
Charles Jones/CEO of Thundermist Health Center						
Signature of President/Vice P	resident of the Corporation	Cha	inter Jones			

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 1.5)
JAN 13 2025 TANIF

BY RP4KV



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