

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

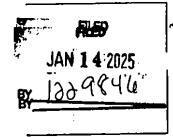
→ Filing Fee: \$20.00

Pursuant to the provisions of R following statement for the pur	IGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> thoose of changing its registered	ie undersigned corporation sul agent in the State of Rhode Is	bmits the sland:
1. Entity ID Number	2. Exact Name of the Corporation		
000071650		very Institute, In	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 57 STOWE 6ATE DRIVE			
City/Town PORTSMOUTH		State RHODE ISLAND	Zip 02871
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
JEANNE O'REILLY			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 31 N. UNION ST.			
City/Town		State RHODE ISLAND	Zip 02860
PAWTUCKET			
6. The name of the NEW registered agent is:			
OWEN P. LYNCH, ESQ.			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
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 Authorized Officer of the Corporation		Date	
OWEN P. LYNCH		15 JAN. 2025	
Signature of Alithorized Officer of the Corporation			
then Ly SIGN DOCUMENT HERE			
	7		0.01

MAIL TO:

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

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



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