State of Rhode Island
Department of State - Business Services Division

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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 000104231	2. Exact Name of the Corporation WORKSITE WELLNESS COUNCIL OF RHODE ISLAND	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 951 NORTH MAIN ST		
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02904
4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State: SANDY ROSS		
5. The address of the **NEW** registered office is:		
Street Address (NOT a P.O. Box) 19 GASPEE ROAD		
City/Town NARRAGANSETT	State RHODE ISLAND	Zip 02882
6. The name of the **NEW** registered agent is: ALBERT D. CHARBONNEAU		
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 ALBERT D. CHARBONNEAU		Date 1.27.25
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

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