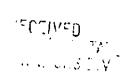
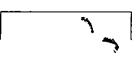
RI SOS Filing Number: 202564972560 Date: 2/14/2025 12:10:00 PM



State of Rhode Island

Department of State - Business Services Division





Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

2025 FEB 14 PM12: 10

STARP

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:		
Entity ID Number 2. Exact Name of the Corporation		
00000070 Christ Church in Lonsdale		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 1643 Lonsdale Ave		
City/Town	State RHODE ISLAND	Zip
Lincoln	RHODE ISLAND	2ip 07865
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
Carol Varden		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box)		
1643 Lonsdale Ave		
City/Town	State DUODE ISLAND	Zip O Su S
City/Town LINCOIN	RHODE ISLAND	Zip 02865
City/Town	RHODE ISLAND	Zip 02865
City/Town LINCOIN	RHODE ISLAND	Zip 02865
6. The name of the NEW registered agent is:	RHODE ISLAND	02868
6. The name of the NEW registered agent is: Kim Derly Allard	RHODE ISLAND	02868
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the	RHODE ISLAND address of the office of its reg	02868
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical.	address of the office of its reg	istered agent, as changed, will
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have example to the corporation of the corp	address of the office of its reg	istered agent, as changed, will
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exactly corporation, and that all statements contained herein are the Name of President/Vice President of the Corporation	address of the office of its reg	istered agent, as changed, will ge of Registered Agent by the
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exactly corporation, and that all statements contained herein are the	address of the office of its reg	istered agent, as changed, will ge of Registered Agent by the Date
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exactly corporation, and that all statements contained herein are the Name of President/Vice President of the Corporation	address of the office of its reg	istered agent, as changed, will 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 FEB 1 4 2025 TA → P

FILED