RI SOS Filing Number: 202566920460 Date: 3/11/2025 8:42:00 AM



## 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 HAR 11 AH 8: 42

| 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: |  |                    |                      |
|--|--|--------------------|----------------------|
| 1. Entity ID Number  | 2. Exact Name of the Corporation                         |                    |                      |
| 000029076  | Church of Our Lady of Good Counsel Warwick, 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 62 PLEASANT STREET  |  |                    |                      |
| City/Town WEST WARWICK   |  | State RHODE ISLAND | <sup>Zip</sup> 02893 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:   |  |                    |                      |
| REV. PAUL R. LEMOI   |  |                    |                      |
| 5. The address of the <b>NEW</b> registered office is:   |  |                    |                      |
| Street Address (NOT a P.O. Box) 854 PROVIDENCE ST  |  |                    |                      |
| City/Town WEST WARWICK   |  | RHODE ISLAND       | <sup>Zip</sup> 02893 |
| 6. The name of the <b>NEW</b> registered agent is:   |  |                    |                      |
| REV. GREGORY P. STOWE  |  |                    |                      |
| 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  Msgk. Albert Kenney  219,2025   |  |                    |                      |
| Signature of President/Vice President of the Corporation  Waar Attention   |  |                    |                      |
| ( )  |  |                    |                      |

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
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