



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Registered Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

2025 MAR -7 PM 2:41 STAMP

→ 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<br><b>000030860</b>                                                                                                                                                                    | 2. Exact Name of the Corporation<br><b>Corporation of the Church of The Holy Ghost</b> |                         |  |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:<br>Street Address <b>472 Atwells Ave</b>                                                |                                                                                        |                         |  |
| City/Town <b>Providence</b>                                                                                                                                                                                | State <b>RHODE ISLAND</b>                                                              | Zip <b>02909</b>        |  |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:<br><b>Reverend Francesco Francese</b>                                                       |                                                                                        |                         |  |
| 5. The address of the NEW registered office is:<br>Street Address (NOT a P.O. Box) <b>472 Atwells Ave</b>                                                                                                  |                                                                                        |                         |  |
| City/Town <b>Providence</b>                                                                                                                                                                                | State <b>RHODE ISLAND</b>                                                              | Zip <b>02909</b>        |  |
| 6. The name of the NEW registered agent is:<br><b>Reverend CHINNAIAH YERRNINI</b>                                                                                                                          |                                                                                        |                         |  |
| 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.                                                                                                                       |                                                                                        |                         |  |
| <i>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.</i> |                                                                                        |                         |  |
| Name of President/Vice President of the Corporation<br><b>REV. MSGR. ALBERT A. KENNEY</b>                                                                                                                  |                                                                                        | Date<br><b>3/3/2025</b> |  |
| Signature of President/Vice President of the Corporation<br>                                                                                                                                               |                                                                                        |                         |  |

**FILED 2:41****MAIL TO:****Division of Business Services**

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**MAR 07 2025****BY 8023**  
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