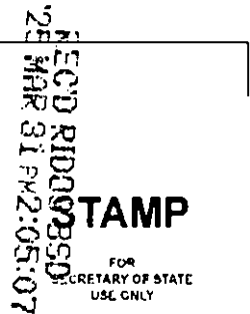




State of Rhode Island  
Department of State - Business Services Division



## Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

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>000026191</b>                                                                                                                                                             |  | 2. Exact Name of the Corporation<br><b>HARVILL - BARNABE - ADRIAN AMUELS CLUB</b> |                        |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:                                                                                  |  |                                                                                   |                        |
| Street Address<br><b>842 SOCIAL ST</b>                                                                                                                                                              |  |                                                                                   |                        |
| City/Town<br><b>WOONSOCKET</b>                                                                                                                                                                      |  | State<br><b>RHODE ISLAND</b>                                                      | Zip<br><b>02895</b>    |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:<br><b>PAUL A. PARENTEAU</b>                                                          |  |                                                                                   |                        |
| 5. The address of the NEW registered office is:                                                                                                                                                     |  |                                                                                   |                        |
| Street Address (NOT a P.O. Box)<br><b>192 WOOD AVE</b>                                                                                                                                              |  |                                                                                   |                        |
| City/Town<br><b>WOONSOCKET</b>                                                                                                                                                                      |  | State<br><b>RHODE ISLAND</b>                                                      | Zip<br><b>02895</b>    |
| 6. The name of the NEW registered agent is:<br><b>BRIAN CAMARA</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.                                                                                                                |  |                                                                                   |                        |
| 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<br><b>Brian CAMARA</b>                                                                                                                          |  |                                                                                   | Date<br><b>3-31-25</b> |
| Signature of President/Vice President of the Corporation<br>                                                                                                                                        |  |                                                                                   |                        |

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

