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## State of Rhode Island **Department of State - Business Services Division**

## FOR FOR STATE USE CHILY

## **Statement of Change of Registered Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

•	$IGL_{7-6-13}$ or $7-6-78$ the under nanging its registered agent in t	•	e following
1. Entity ID Number	2. Exact Name of the Corporation		
26435	AMVETS Department of Rhode Island Service Foundation Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 437 METACOM AVENUE			
City/Town BRISTOL		State RHODE ISLAND	<sup>Zip</sup> 02809
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
NOEL CAOUETTE			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 82 (Weeks 5+			
Comberbad		RHODE ISLAND	D6239
6. The name of the <b>NEW</b> registered agent is:			
Joseph Janeiro			
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 Presi	dent of the Corporation		Date
soseph A.			4-3-25
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 FILED

**STAMP** 

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