



State of Rhode Island  
Department of State - Business Services Division

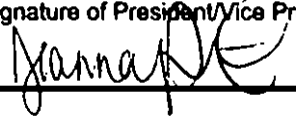
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# Statement of Change of Registered Agent

## 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>000145732</b>                                                                                                                                                                                                                                                            |                              | 2. Exact Name of the Corporation<br><b>CELEBRATION CONDOMINIUMS HOMEOWNERS ASSOC. INC</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>3 North Howard Avenue Unit 8</b>                                                                                                                           |                              |                                                                                           |  |
| City/Town<br><b>North Providence</b>                                                                                                                                                                                                                                                               | State<br><b>RHODE ISLAND</b> | Zip<br><b>02911</b>                                                                       |  |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:<br><b>CHRISTINE DWYER</b>                                                                                                                                                           |                              |                                                                                           |  |
| 5. The address of the NEW registered office is:<br>Street Address (NOT a P.O. Box) <b>1 PLEASANT AVENUE, UNIT 2</b>                                                                                                                                                                                |                              |                                                                                           |  |
| City/Town<br><b>NORTH PROVIDENCE</b>                                                                                                                                                                                                                                                               | State<br><b>RHODE ISLAND</b> | Zip<br><b>02911</b>                                                                       |  |
| 6. The name of the NEW registered agent is:<br><b>MAGALI ANGELONI</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.<br><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>JOANNA PENTARIS, PRESIDENT</b>                                                                                                                                                                                                           |                              | Date<br><b>4/7/2025</b>                                                                   |  |
| Signature of President/Vice President of the Corporation<br>                                                                                                                                                    |                              |                                                                                           |  |

MAIL TO:  
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148 W. River Street, Providence, Rhode Island 02904-2615  
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BY 26FY7

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