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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	2. Exact Name of the Corporation
26648	HOSPITAL RESEARCH AND EDUCATION FOUNDATION OF RI 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: 405 PROMENADE STREET, SUITE C

City/Town	State	Zip
PROVIDENCE	RHODE ISLAND	02908

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

M.TERESA PAIVA WEED

5. The address of the **NEW** registered office is: N/A - not an address change

Street Address (NOT a P.O. Box): Same address as above

City/Town	State	Zip
	RHODE ISLAND	

6. The name of the **NEW** registered agent is:

HOWARD DULUDE

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	Date
HOWARD DULUDE	3/26/25

Signature of President/Vice President of the Corporation

HM Duludé

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

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BY IVSeA211

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