

Statement of Change of Registered AgentDOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

RECEIVED R.I. DEPT. OF STA BUS SVCS ET.

2025 APR 24 P 2: 13

Pursuant to the provisions of R statement for the purpose of ch	· · · · · · · · · · · · · · · · · · ·	•	e following
Entity ID Number	2. Exact Name of the Corporation		
000534021	Association of Rhode Island Administrators of Special Education		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3 Arcadia Ro	ad		
City/Town West Warwick		State RHODE ISLAND	^{Zip} 02893
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Erin Medeiros			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 5 Crane Terrace			
		1	T
City/Town Narragansett		RHODE ISLAND	^{Zip} 02882
City/Town Narragansett 6. The name of the NEW regis	stered agent is:	RHODE ISLAND	^{Zip} 02882
	stered agent is:	RHODE ISLAND	^{Zip} 02882
6. The name of the NEW register Breta Combs		RHODE ISLAND	istered agent, as changed, will
6. The name of the NEW regisBreta Combs7. The address of the corpora	tion's registered office and the	RHODE ISLAND address of the office of its reg	
6. The name of the NEW registBreta Combs7. The address of the corporate identical.8. The change was authorizedUnder penalty of perjury, I decided	tion's registered office and the	address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will
6. The name of the NEW registBreta Combs7. The address of the corporate identical.8. The change was authorizedUnder penalty of perjury, I decided	tion's registered office and the d by a resolution duly adopted clare and affirm that I have exa ments contained herein are tro	address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will
 6. The name of the NEW regist Breta Combs 7. The address of the corporate identical. 8. The change was authorized Under penalty of perjury, I declar Corporation, and that all state 	tion's registered office and the d by a resolution duly adopted clare and affirm that I have exa ments contained herein are tro	address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will ge of Registered Agent by the

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 641 - Revised: 01/2024