

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

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

RECEIVED
R.I. DEPT. OF STATE
BUS SYCS DIV ST. ... P

2025 MAY -9 A 10: 42 11

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:

| statement for the purpose of or   | langing its registered agent in               | the otate of the de tolerie: |                      |
|---|---|------------------------------|----------------------|
| 1. Entity ID Number   | 2. Exact Name of the Corporation              |                              |                      |
| 000028382   | R.I. INSTITUTE FOR LABOR STUDIES AND RESEARCH |                              |                      |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  |   |                              |                      |
| Street Address 1540 Pontiac Avenue Suite A  |   |                              |                      |
| City/Town Cranston  |   | State RHODE ISLAND           | <sup>Zip</sup> 02920 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:  |   |                              |                      |
| Robert Delaney  |   |                              |                      |
| 5. The address of the NEW registered office is:   |   |                              |                      |
| Street Address (NOT a P.O. Box) 1540 Pontiac Avenue Suite A   |   |                              |                      |
| Cranston Cranston   |   | RHODE ISLAND                 | <sup>Zip</sup> 02920 |
| 6. The name of the NEW registered agent is:   |   |                              |                      |
| Michael Roles   |   |                              |                      |
| 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                 |
| George Nee  |   |                              | 5/1/2025             |
| 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 ST.

MAY 29 2025 10U2