



State of Rhode Island
Department of State - Business Services Division

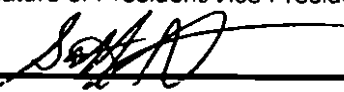
Statement of Change of Registered Agent

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:

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|---|---|---------------------------|
| 1. Entity ID Number 000028769 | 2. Exact Name of the Corporation MOUNT VERNON BAPTIST ASSOCIATION | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 47 JOHNSON ROAD | | |
| City/Town FOSTER | State RHODE ISLAND | Zip 02825 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: SONJA MURRAY | | |
| 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 55 BALCOM ROAD | | |
| City/Town FOSTER | State RHODE ISLAND | Zip 02825 |
| 6. The name of the NEW registered agent is KAREN WARD | | |
| 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 SCOTT KNOX | | Date 05/30/2025 |
| 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

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BY DJR-QS