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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

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Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:			
Entity ID Number 2. Exact Name of the Corporation		N/N	
000480955. RAIDER BOOSTERS			
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 20 DEERFIELD DRIVE			
City/Town SREENVILLE	State RHODE ISLAND	Zip 02828	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
JASON GOFFE			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 12 HOLSMITH COURT			
City/Town-1	State	Zip an all	
KUMPORN	RHODE ISLAND	2ip 02916	
6. The name of the NEW registered agent is:	RHODE ISLAND	1-02916	
KUMPORN	RHODE ISLAND	1-02916	
6. The name of the NEW registered agent is:	RHODE ISLAND	•	
6. The name of the NEW registered agent is: ANTONIO M. TRAMO 7. The address of the corporation's registered office and the	RHODE ISLAND address of the office of its reg	•	
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical.	RHODE ISLAND address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will	
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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 JUL 07 2025

