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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

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:						
1. Entity ID Number	Entity ID Number 2. Exact Name of the Corporation					
000054265	Descridence Filedolfo First Obserb of the Norway					

000004000	1 Tovidence i nac	Trovidence i nadema i not ordinor of the Mazarene			
3. The address of the re	gistered office as PRESENTL	Y shown in the records on file with t	he RI Department of State:		
Street Address 170 RES	SERVOIR AVENUE				
City/Town PROVIDEN	CE	State RHODE ISLAND	^{Zip} 02907		
4. The name of the regis	stered agent as PRESENTLY	shown in the records on file with the	RI Department of State:		
MANUEL SANCA G	OMES				
5. The address of the N	EW registered office is:				
Street Address (NOI a P.C.	DIR AUE				
CITYCTOWN PROVIDENCE		RHODE ISLAND	Zip 02907		
6. The name of the NEV	V registered agent is:				

EUGENIO ROSA DMARTE

7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will

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

1-7-25

Signature of President/Vice President of the Corporation

MAIL TO:

be identical.

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

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