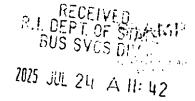


Statement of Change of Registered Agent

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 unde statement for the purpose of changing its registered agent in	•	ne following
Entity ID Number 2. Exact Name of the Corporation	ation	OWNERS
000035905 Congoon FARY ON	•	RUPERTY ASSOCIATION
3. The address of the registered office as PRESENTLY show	wn in the records on file with the	ne RI Department of State:
Street Address 485 (AMP FULLER)		
City/Town WAKEFIED	State RHODE ISLAND	zip 07879
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
SONIA GLATZHOFER		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 100 WILDERNESS TRAIL		
City/Town WAKEFIELD	State RHODE ISLAND	zip 02879
6. The name of the NEW registered agent is:		
JOHN DESANTIS		
7. The address of the corporation's registered office and the be identical.	address of the office of its rec	gistered 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 exa Corporation, and that all statements contained herein are to		ge of Registered Agent by the
Name of President/Vice President of the Corporation		Date 7.21.25
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 JUL 24 2025 1.

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