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2022 APR 28 P 2:19



State of Rhode Island  
Department of State - Business Services Division

### Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~

→ Filing Fee: \$20.00

*\$10:00 non profit 7-6-13*

Pursuant to the provisions of RIGL ~~7-10-11~~ the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000030295		2. Exact Name of the Limited Liability Company <i>Corporation</i> The Portsmouth Camp Meeting Association	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 11 Old Meadow Lane			
City/Town Cumberland		State RHODE ISLAND	Zip 02864
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Bruce Stanford			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 7 Marin St			
City/Town Newport		State RHODE ISLAND	Zip 02840
6. The name of the <b>NEW</b> resident agent is: Brian Maher			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the <del>Limited Liability Company</del> <i>corporation</i> Brian Maher		Date 4/25/22	
Signature of Authorized Person of the <del>Limited Liability Company</del> <i>corporation</i> <i>[Signature]</i>			

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**

APR 28 2022

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*AA 2:19pm*