



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2023 MAY 17 PM 1:02

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~
NON-Profit
→ Filing Fee: ~~\$20.00~~
\$10

Pursuant to the provisions of RIGL ~~7-1.2-502~~ or ~~7-1.2-1409~~ 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 000070709		2. Exact Name of the Corporation NON Profit Warren Avenue Condo Association Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3970 Post Rd			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Tim Lambert			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 19 Warren Ave Unit-6			
City/Town North Providence	State RHODE ISLAND	Zip 02911	
6. The name of the NEW registered agent is: John Barth			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
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 Authorized Officer of the Corporation President John Barth		Date 05/08/23	
Signature of Authorized Officer of the Corporation President <i>John J. Barth</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

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BY ACPRHP