RI SOS Filing Number: 202342992810 Date: 11/27/2023 4:07:00 PM



## **Statement of Change of Registered Agent**

5 Marie

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

|  | RIGL <u>7-6-13</u> or <u>7-6-78</u> the unde<br>hanging its registered agent in |                                   | e following                     |
|--|---|-----------------------------------|---------------------------------|
| Entity ID Number   | 2. Exact Name of the Corporation  |                                   |                                 |
| 000081932  | R.I. STATE ELKS ASSOCIATION CHARITIES, INC.                                     |                                   |                                 |
|  | red office as PRESENTLY show  | wn in the records on file with th | ne RI Department of State:      |
| Street Address 15 MASON AVENUE PO BOX 954                      |   |                                   |                                 |
| City/Town PORTSMOUTH   |   | State RHODE ISLAND                | <sup>Zip</sup> 02871            |
| 4. The name of the registered                                  | agent as PRESENTLY shown  | in the records on file with the   | Rt Department of State:         |
| RAYMOND BRUSCATO   |   |                                   |                                 |
| 5. The address of the <b>NEW</b> registered office is:         |   |                                   |                                 |
| Street Address (NOT a P.O. Box                                 | 311 WINDRIDGE LANE  |                                   |                                 |
| City/Town BRISTOL  |   | State RHODE ISLAND                | <sup>Zip</sup> 02809            |
| 6. The name of the <b>NEW</b> regi                             | stered agent is:  |                                   |                                 |
| RICH BACCUS  |   |                                   |                                 |
| <ol><li>The address of the corpora<br/>be identical.</li></ol> | ation's registered office and the   | address of the office of its reg  | istered agent, as changed, will |
| 8. The change was authorize                                    | d by a resolution duly adopted  | by its board of directors.        |                                 |
|  | clare and affirm that I have exa<br>ements contained herein are tro             |                                   | ge of Registered Agent by the   |
| Name of President/Vice President of the Corporation            |   |                                   | Date                            |
| ARTHUR JACQUES   |   |                                   | 11/08/2023                      |
| Signature of President/Vice F                                  | President of the Corporation  |                                   | <u> </u>                        |
| Arthy Tres   |   |                                   |                                 |
| 7 7:   |   |                                   | -                               |

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** 

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