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## State of Rhode Island Department of State - Business Services Division

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## **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:

statement for the purpose of ci	ianging its registered agent in	uie State of Milode Island.	·
1. Entity ID Number	2. Exact Name of the Corporation		
000560137	Leapfeast Association		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2841 South County Trail			
City/Town East Greenwich		State RHODE ISLAND	<sup>Zip</sup> 02818
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Nicole Toti			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 2841 South Douth Trail			
City/Town East Greenwich		RHODE ISLAND	<sup>Zip</sup> 02818
6. The name of the <b>NEW</b> registered agent is:			
Mabel Y. Langlais			
<ol> <li>The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.</li> </ol>			
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	ident of the Corporation	·	Date
David W. Varjian/			6 April 2024
Signature of President/Vice P	resident 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 **FILED** 

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BY Qmgzu