



State of Rhode Island
Department of State - Business Services Division

REC'D RIDDUS BSD
24 MAY 9 PM 2:10:08

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~

→ Filing Fee: \$20.00

Partnership
7-13-1-118

Pursuant to the provisions of RIGL ~~7-16-11~~ 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 001743045		2. Exact Name of the Limited Liability Company <i>Partnership</i> FIFTY WASHINGTON SQUARE NEWPORT L.P.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 50 WASHINGTON SQUARE			
City/Town NEWPORT		State RHODE ISLAND	Zip 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ROBERT M. SABEL			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 50 WASHINGTON SQUARE			
City/Town NEWPORT		State RHODE ISLAND	Zip 02840
6. The name of the NEW resident agent is: CHRUCH COMMUNITY HOUSING CORPORATION			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Late effective date (Date must be no more than 90 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company CHRISTIAN BELDEN			Date 2/20/2024
Signature of Authorized Person of the Limited Liability Company <i>Christian Belden</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

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BY *15269*
AA *2:10 PM*

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