State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2016 NOV 14 P 11:54

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ ~~Filing Fee: $20.00~~ address change only

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	2. Exact Name of the Corporation
000151032	**OAK GROVE PAINTING & WALLPAPER COMPANY**

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
21 COZY LANE			
City/Town **CUMBERLAND**	State **RHODE ISLAND**	Zip **02864**	

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

DONNA PROVOYEUR

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
1 DENNIS STREET		
City/Town **CUMBERLAND**	State **RHODE ISLAND**	Zip **02864**

6. The name of the **NEW** registered agent is:

DONNA PROVOYEUR

7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day 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	Date
DONNA PROVOYEUR	**11/09/2016**

Signature of ~~Authorized Officer~~ of the Corporation

SIGN DOCUMENT HERE

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FILED

NOV 14 2016

BY 288451

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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