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

DOMESTIC or FOREIGN Business Corporation

R.I. OFFICE STATE
2017 Jan 17 FM 1: 18

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the

following statement for the purpose of changing its registered agent in the State of Rhode Island:				
Entity ID Number 2. Exact Name of the Corporation	ation			
110505 Narragansett T	ranslations + In	terpreting. Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 131 Alexander Street				
City/Town Cranston	State RHODE ISLAND	Zip 02910		
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:				
Suzanne A Janke				
5. The address of the NEW registered office is:				
Street Address (NOT a P.O. Box) 115 Paine	Avenue.			
City/Town Crans ton	State RHODE ISLAND	C2910		
6. The name of the NEW registered agent is:				
Suzanne A Janke				
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		
Suzanne AJa	nke	01-12-2017		
Signature of Authorized Officer of the Corporation				
SIGN DOCUMENT AERE				

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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