RI SOS Filing Number: 201734488610 Date: 2/21/2017 1:05:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: 🗫 😁

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:

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1. Entity ID Number	2. Exact Name of the Corporation		
57265	Joseph Passaretti, CPA, Inc.		
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 303 A 367 Putnam Pik	e (3905		
City/Town Smithfield		State RHODE ISLAND	Zip 02917
4. The name of the registered	agent as PRESENTLY shown	in the records on file with the	RI Department of State:
Joseph passaretti			
5. The address of the NEW re	egistered office is:		
Street Address (NOT a P.O. Box	357 Putnam Pike Unit 5		
City/Town Smithfield		State RHODE ISLAND	Zip 02917
6. The name of the NEW regi	stered agent is:		
Joseph Passaretti			
7. Date when this Statement	of Change of Registered Agent	will be effective: CHECK ONL	Y ONE BOX
Date received (Upon filin	ng)		
Later effective date (Date must be no more than 90 days from the day of filing)			
	clare and affirm that I have exa		ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Joseph passaretti			02/17/17
Signature of Authorized Office	er of the Corporation		
	SIGN DOC	UMENTHERE	
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	re-		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

