



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 BUS SVCS DIV  
 2017 MAR 24 PM 1:35

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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<br><b>81921</b>                                                                                                                                                                 | 2. Exact Name of the Corporation<br><b>New England Specialty Foods, Inc.</b> |                        |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                                                                              |                        |
| Street Address <b>Rozes Gouveia &amp; Co., LLP 400 Reservoir Avenue</b>                                                                                                                             |                                                                              |                        |
| City/Town <b>Providence</b>                                                                                                                                                                         | State <b>RHODE ISLAND</b>                                                    | Zip <b>02907</b>       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Steven D. Gouveia, CPA</b>                                              |                                                                              |                        |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                                                                              |                        |
| Street Address ( <u>NOT</u> a P.O. Box) <b>1536 Westminster Street</b>                                                                                                                              |                                                                              |                        |
| City/Town <b>Providence</b>                                                                                                                                                                         | State <b>RHODE ISLAND</b>                                                    | Zip <b>02909</b>       |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Robert A. Peretti, Esq.</b>                                                                                                                |                                                                              |                        |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX                                                                                                     |                                                                              |                        |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                     |                                                                              |                        |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 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<br><b>William DeAngelus, III, President</b>                                                                                                           |                                                                              | Date<br><b>3-15-17</b> |
| Signature of Authorized Officer of the Corporation<br><i>William U. Angelus III</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

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