

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> to pose of changing its registered	ne undersigned corporation su Lagent in the State of Rhode Is	bmits the
1. Entity ID Number	2. Exact Name of the Corporation		
104857	CONTRAK DRAPERIES MFG., CO., INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department State			
Street Address 735 Smith Street	et		# # #
City/Town Providence		State RHODE ISLAND	Zip 02908 % (7)
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of States			
John J. Desimone, Esq.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 1536 Westminster Street			
City/Town Providence		State RHODE ISLAND	Zip 02909
6. The name of the NEW registered agent is:			
Robert A. Peretti, Esq.			
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 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			Date ,
Christopher W. Thomas, Treasurer			03/23/17
Signature of Authorized Officer of the Corporation			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.c.go.

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