



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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>000010454</b>                                                                                                                                                  |                              | 2. Exact Name of the Corporation<br><b>E.M.S. DEVELOPMENT CORPORATION</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>145 Phenix Avenue</b>                                                                                                                                                  |                              |                                                                           |                       |
| City/Town<br><b>Cranston</b>                                                                                                                                                             | State<br><b>RHODE ISLAND</b> | Zip<br><b>02920</b>                                                       |                       |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                                   |                              |                                                                           |                       |
| Street Address ( <u>NOT</u> a P.O. Box) <b>481 Atwood Avenue</b>                                                                                                                         |                              |                                                                           |                       |
| City/Town<br><b>Cranston</b>                                                                                                                                                             | State<br><b>RHODE ISLAND</b> | Zip<br><b>02920</b>                                                       |                       |
| 5. 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 30 days from the day of filing) _____                                                                           |                              |                                                                           |                       |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).                                                                                |                              |                                                                           |                       |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> |                              |                                                                           |                       |
| Name of the Registered Agent/Officer of the Corporation<br><b>John S. DiBona</b>                                                                                                         |                              |                                                                           | Date<br><b>5/1/17</b> |
| Signature of the Registered Agent/Officer of the Corporation<br><br>SIGN DOCUMENT HERE                                                                                                   |                              |                                                                           |                       |

## MAIL TO:

## Division of Business Services

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

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Website: www.sos.ri.gov

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