



Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

SECHMIARY OF STA

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:

| 1. Entity ID Number | 2. Exact Name of the Corporation | | |
|--|------------------------------------|--------------------|------------------------|
| 1688 | Avery-Smith Insurance Agency, Inc. | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 237 New Meadow Road | | | |
| City/Town Barrington | | State RHODE ISLAND | ^{Zip} 02806 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Marsha S. Prindiville | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (NOI a P.O. Box) 287 New Manadow Road 1481 Wampanoag Trail | | | |
| City/Town Battle East | Providence | State RHODE ISLAND | Zip 02806 02915 |
| 6. The name of the NEW registered agent is: **Name of the New registered agent is: * | | | |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY | | | |
| ✓ Date received (Upon filing) | | | |
| Later effective date (Date must be no more than 90 days from the date of filing) | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Stalement 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 |
| Nancy S. Labelle | | | 2/28/18 |
| Signature of Authorized Officer of the Corporation | | | |
| X Nancy Schuld Cogument HERE | | | |

MAIL TO:

Division of Business Services

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

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

MAR \$ 72.038

BY 32.030 m.

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