



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
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**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 <b>001663504</b>	2. Exact Name of the Corporation <b>Providence Painted Signs, Inc</b>
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>349 Warren Avenue</b>	
City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b> Zip <b>02914</b>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>William C. Maara, Esq</b>	
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) <b>105D Main Street Unit 24</b>	
City/Town <b>East Greenwich</b>	State <b>RHODE ISLAND</b> Zip <b>02818</b>
6. The name of the NEW registered agent is: <b>Jennifer Masseur, C.P.A.</b>	
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 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 <b>Shawn W. Gilheaney</b>	Date <b>3-23-18</b>
Signature of Authorized Officer of the Corporation 	

**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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