RI SOS Filing Number: 201862914210 Date: 4/27/2018 11:21:00 AM



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee. \$20.00

SECRETARY OF STATE CORPORATIONS DIVE

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:		
Entity ID Number     2. Exact Name of the Corporation	ation	
97456 Northrop and Johnson Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address  City/Town  City/Town  City/Town  A Richmond Sq Ste 150  State RHODE ISLAND  Zip  O2900  4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State		
City/Town New port Providence	State RHODE ISLAND	D2840
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State		
Amy = Stratton		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box)		
Smarina Plaza		
	<del> </del>	<del>-</del>
City/Town Newport	State RHODE ISLAND	ZIP 028210
City/Town	State RHODE ISLAND	Zip 028210
City/Town Newport	State RHODE ISLAND	ZIP 028210
6. The name of the <b>NEW</b> registered agent is:		
City/Town  Newport  6. The name of the NEW registered agent is:  Henry Hal Sted		
6. The name of the <b>NEW</b> registered agent is:  Henry Hal Sted  7. Date when this Statement of Change of Registered Agent	will be effective: CHECK ONE	
6. The name of the NEW registered agent is:  Hen ry Hal Sted  7. Date when this Statement of Change of Registered Agent Date received (Upon filing)	will be effective: CHECK ONE  ys from the date of filing)  mined this Statement of Chan	E BOX ONLY
6. The name of the NEW registered agent is:  Hen ru Hal Sted  7. Date when this Statement of Change of Registered Agent Date received (Upon filing) Later effective date (Date must be no more than 90 day  Under penalty of perjury, I declare and affirm that I have example to the control of th	will be effective: CHECK ONE  ys from the date of filing)  mined this Statement of Chan	E BOX ONLY
6. The name of the NEW registered agent is:  Hen ry Hal Sted  7. Date when this Statement of Change of Registered Agent Date received (Upon filing) Later effective date (Date must be no more than 90 day)  Under penalty of perjury, I declare and affirm that I have exa Corporation, and that all statements contained herein are true.  Name of Authorized Officer of the Corporation  Henry Halsto	will be effective: CHECK ONE  ys from the date of filing)  mined this Statement of Chan	ge of Registered Agent by the
6. The name of the NEW registered agent is:  Hen Cu Hal Sted  7. Date when this Statement of Change of Registered Agent Date received (Upon filing) Later effective date (Date must be no more than 90 day  Under penalty of perjury, I declare and affirm that I have exa  Corporation, and that all statements contained herein are true  Name of Authorized Officer of the Corporation	will be effective: CHECK ONE  ys from the date of filing)  mined this Statement of Chan	ge of Registered Agent by the
6. The name of the NEW registered agent is:  Hen when this Statement of Change of Registered Agent Date received (Upon filing) Later effective date (Date must be no more than 90 day  Under penalty of perjury, I declare and affirm that I have exa Corporation, and that all statements contained herein are tro  Name of Authorized Officer of the Corporation  Signature of Authorized Officer of the Corporation	will be effective: CHECK ONE  ys from the date of filing)  mined this Statement of Chan	ge of Registered Agent by the

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 APR 2 7 2018

BY Ch 3295708