



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

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SECRETARY OF STATE  
CORPORATIONS DIVISION  
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FOR

## 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<br>000150579                                                                                                                                                                    | 2. Exact Name of the Corporation<br>Ocean State Investments, Inc. |              |                   |
| 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<br>445 Budlong Road                                                                                                                                                                  |                                                                   |              |                   |
| City/Town<br>Cranston                                                                                                                                                                               | State<br>RHODE ISLAND                                             | Zip<br>02920 |                   |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Louis E. Baldi                                                             |                                                                   |              |                   |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                                                                   |              |                   |
| Street Address (NOT a P.O. Box)<br>2695 Hartford Ave                                                                                                                                                |                                                                   |              |                   |
| City/Town<br>Johnston                                                                                                                                                                               | State<br>RHODE ISLAND                                             | Zip<br>02919 |                   |
| 6. The name of the <b>NEW</b> registered agent is:<br>Scott M Pollard, Esq.                                                                                                                         |                                                                   |              |                   |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |                                                                   |              |                   |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                     |                                                                   |              |                   |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 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<br>Scott M Pollard, Esq.                                                                                                                              |                                                                   |              | Date<br>7/30/2018 |
| Signature of Authorized Officer of the Corporation<br><i>[Signature]</i><br>SIGN DOCUMENT 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

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BY *[Signature]* 336152