



Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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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 000027357	2. Exact Name of the Corporation THE FORT WETHERILL BOAT OWNERS & OPERATORS ASSOCIATION, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 24 SALT POND ROAD, SUITE C-3		
City/Town WAKEFIELD	State RHODE ISLAND	Zip 02879
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: J. PETER MCGUIRL, ESQ.		
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 2 OLD WALCOTT AVENUE		
City/Town JAMESTOWN	State RHODE ISLAND	Zip 02835
6. The name of the NEW registered agent is: MARK E. LIBERATI		
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 30 days from the date of filing) _____		
<i>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.</i>		
Name of Authorized Officer of the Corporation MARK E. LIBERATI	Date 12/18/18	
Signature of Authorized Officer of the Corporation 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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