

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

SECRETARYION STATE CORPORATIONS BY

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 1689661 Sons of Italy, II, Inc. 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address WATERER Avenue State RHODE ISLAND City/Town Zip **East Providence** 02914 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: William C. Maaia, Esquire 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 349 Warren Avenue State RHODE ISLAND City/Town Zip 02914 **East Providence** 6. The name of the NEW registered agent is: Gregory S. Dias, Esquire 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 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 Thomas Price, President 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 **FILED**

MAR 29 2019

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