




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

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BUS. SVCS. DIV.
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SECRETARY OF STATE
USE ONLY

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 015445		2. Exact Name of the Corporation SUPERIOR PAINTING & WALLCOVERING CO., INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 957 Main Street			
City/Town Warren		State RHODE ISLAND	Zip 02885
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Maurene Souza			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 47 Cedar Swamp Rd. Suite 6			
City/Town Smithfield		State RHODE ISLAND	Zip 02917
6. The name of the NEW registered agent is: James J. Campbell Jr.			
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) _____			
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 JAMES J. CAMPBELL, JR.			Date 1/3/20
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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