



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

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2020 APR -9 P 2:06

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

STAMP

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 000010846		2. Exact Name of the Corporation Paolino Insurance Agency, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 999 Chalkstone Avenue			
City/Town Providence	State RHODE ISLAND	Zip 02908	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Robert P. Verri			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip 02914	
6. The name of the NEW registered agent is: C T Corporation System			
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 Gregory A Paolino Jr President			Date 4/8/2020
Signature of Authorized Officer of the Corporation <i>Gregory A Paolino Jr</i> President			

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

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