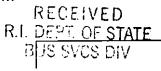
RI SOS Filing Number: 202037410450 Date: 4/9/2020 2:06:00 PM





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## **Statement of Change of Agent**

**DOMESTIC** or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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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		
000010846	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	<sup>Zip</sup> 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			
X 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			Date
Gregory A Paolino Jr	President		4/8/2020
Signature of Authorized Officer of the Corporation			
Gregory A. Paolito Jr 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 FILEDAMP

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