



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 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 <b>PRESENTLY</b> 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 <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Robert P. Verri			
5. The address of the <b>NEW</b> 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 <b>NEW</b> registered agent is: C T Corporation System			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 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

**FILED**

APR 09 2020

BY *MX3AX*  
*A.A. Z. [Signature]*  
 FORM 640 - Revised 04/2018