



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

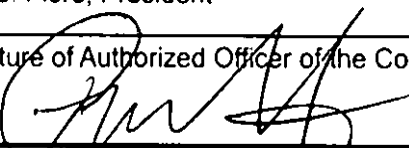
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R.I. DEPT. OF STATE  
BUS SVCS DIV  
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Statement of Change of Agent

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 000094825		2. Exact Name of the Corporation ALFIE'S. Variety, 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 53 High Street, Suite 26, P.O. Drawer 504			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Richard C. Panciera			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 88 Winnapaug Road			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
6. The name of the <b>NEW</b> registered agent is: Gary S. Fiore			
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) _____			
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 Gary S. Fiore, President			Date 4-8-20
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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