

R.I. OF CHIVED BUS SVCS DIVE 2020 AUG 12 PH 1:25

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

1. Entity ID Number	purpose of changing its registered2. Exact Name of the Corpora	2. Exact Name of the Corporation		
4296	· ·	L.F. Clavin & Co., Inc.		
3. The address of the reg	istered office as PRESENTLY show		ne RI Department of State:	
-	Rod Road, The Meadows, Suite E			
City/Town North Kingsto		State RHODE ISLAND	Zip 02852	
4. The name of the regis	tered agent as PRESENTLY shown	in the records on file with the	RI Department of State:	
Robert H. Breslin, Jr., E	sq.			
5. The address of the NE	W registered office is.	-		
Street Address (<u>NQT</u> a P.O	Box) 221 Hallene Road			
City/Town Warwick		State RHODE ISLAND	Zip 02886	
6. The name of the NEW	registered agent is:			
William M. Clavin				
7. Date when this Staten	nent of Change of Registered Agent	will be effective: CHECK ON	E BOX ONLY	
☑ Date received (Upo	n filing)	•	<u></u>	
Later effective date	(Date must be no more than 30 day	ys from the date of filing)		
	1 1 1 1 1 2 2 2 2 1 2 5 2 2 2 2 2 2 2 2	mined this Statement of Char	nge of Registered Agent by the	
	i deciare and attirm that I have exa statements contained herein are tr	ue and correct.		
	statements contained herein are tro	ue and correct.	Date	
Corporation, and that all	statements contained herein are tro	ue and correct.	Date 08/11/2020	
Corporation, and that all Name of Authorized Office William M. Clavin	statements contained herein are tro	ue and correct.		

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

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