

Statement of Change of Agent PO\
DOMESTIC or FOREIGN Business Curporation
→ Filing Fee: \$20.00. NO FCL

R.I. DEPT. OF STATE BUS SVCS DIV

2820 AUG 26 PM 2: 27

7-16-11

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 2. Exact Name of the Corporation 2. Exact Name of the Corporation		
001678339 Ruby + Gianna Properties, UC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address / He Lawder Ave		
City/Town Pawtract	State RHODE ISLAND	Z1902860
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
Chenda Pagan Consaler		
5. The address of the NEW registered office is:		
Street Address (NOT a PO. Box) Field Ave		
City/Town Pow tucket	State RHODE ISLAND	Zip OJ860
of the very registered agent is.		
SAME		
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY		
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 / /
Colenda Pagain-Ganzalez		8/24/2020
Signature of Authorized Officer of the Corporation / , U		
turt (Mal		
/		

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