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

	purpose of changing its registered		sland:
Entity ID Number	2. Exact Name of the Corporation		
3567	Caputo & Wick Ltd.		
3. The address of the reg	istered office as PRESENTLY sho	wn in the records on file with the	he RI Department of State:
Street Address	cket Avenue		
City/Town East Providence		State RHODE ISLAND	Zip 02916
4. The name of the regist	tered agent as PRESENTLY shown	in the records on file with the	RI Department of State:
Kevin R. Harrop			
5. The address of the NE			· - · · · · · · · · · · · · · · · · · ·
Street Address (<u>NOT</u> a P.O.	Box) 1445 Wampanoag Trail, Suite 2	10	
City/Town East Providence		State RHODE ISLAND	Zip 02915
6. The name of the NEW	registered agent is:	<u> </u>	
Scott T. Whittum, CPA			
7. Date when this Statem	ent of Change of Registered Agen	t will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upor			
Later effective date	(Date must be no more than 30 day	ys from the date of filing)	
Under penalty of perjury, Corporation, and that all	I declare and affirm that I have exa statements contained herein are tro	amined this Statement of Char ue and correct.	nge of Registered Agent by the
Name of Authorized Office	er of the Corporation		Date
David T. Bray			10/15/2020
Signature of Authorized (Officer of the Corporation	·	
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov