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		-	bility Company, if Ap	oplicable.	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Ac	Idress	
		First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country	
	8. RESIDENT AGENT IN	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LEGALINC CORPORATE SERVICES INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 9:55:50 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ROBERT LUNDY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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