



State of Rhode Island

Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 JAN 20 PM 1:51

STAMP

## 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<br>001001555                                                                                                                                                                    |  | 2. Exact Name of the Corporation<br>LISA STANTON CONSULTING, 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<br>797 Bald Hill Road                                                                                                                                                                |  |                                                                   |                    |
| City/Town<br>Warwick                                                                                                                                                                                |  | State<br><b>RHODE ISLAND</b>                                      | Zip<br>02886       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Joseph J. McGair, Esq.                                                     |  |                                                                   |                    |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |  |                                                                   |                    |
| Street Address (NOT a P.O. Box)<br>797 Bald Hill Road                                                                                                                                               |  |                                                                   |                    |
| City/Town<br>Warwick                                                                                                                                                                                |  | State<br><b>RHODE ISLAND</b>                                      | Zip<br>02886       |
| 6. The name of the <b>NEW</b> registered agent is:<br>Maryanne Bevans, Esq.                                                                                                                         |  |                                                                   |                    |
| 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<br>LISA M. STANTON                                                                                                                                    |  |                                                                   | Date<br>01/10/2021 |
| Signature of Authorized Officer of the Corporation<br><i>Lisa M. Stanton</i>                                                                                                                        |  |                                                                   |                    |

### MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

STAMP

JAN 20 2021

43945