



State of Rhode Island

Department of State - Business Services Division

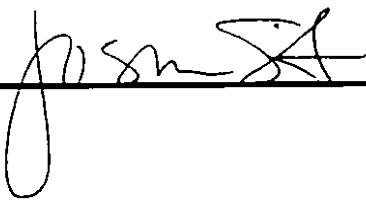
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BUS SVCS DIV
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Statement of Change of Agent

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 <u>112867</u>	2. Exact Name of the Corporation <u>Princess and Sons Pizza, Inc</u>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <u>105 Pleasant View Avenue</u>		
City/Town <u>Smithfield</u>	State RHODE ISLAND	Zip <u>02917</u>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <u>Jacqueline Smith</u>		
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) <u>627 Putnam Pike</u>		
City/Town <u>Greenville</u>	State RHODE ISLAND	Zip <u>02828</u>
6. The name of the NEW registered agent is: <u>Timothy F. Kane</u>		
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY <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 <u>Joshua Smith</u>		Date
Signature of Authorized Officer of the Corporation 		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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