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State of Rhode Island Department of State - Business Services Division		
Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation		

R.I. DEPT. OF STATE BUS SVCS DIV

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> 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				
001700663	AKIM'S TAILORING AND DRY CLEANING, INC				
3. The address of the regis	tered office as PRESENTLY show	vn in the records on file with th	ne RI Department of State:		
Street Address 627 PUTNAM PIKE					
City/Town Greenville		State RHODE ISLAND	Zip 02828		
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:					
WILLIAM L. BERNSTEIN, ESQ.					
5. The address of the NEW registered office is:					
Street Address (NOT a P.O. Box)  7 Waterman Ave.					
City/Town North Prov	ldence	State RHODE ISLAND	<sup>Zip</sup> 02904		
6. The name of the NEW registered agent is:					
Gregory J. Schadone, Esq.					
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 Corporation, and that all s	declare and affirm that I have exa tatements contained herein are to	amined this Statement of Char ue and correct.	nge of Registered Agent by the		
Name of Authorized Officer of the Corporation			Date		
AKIM DEMIRGIOGLU			1-20-21		
Signature of Authorized Officer of the Corporation					
Alim					

MAIL TO:

**Division of Business Services** 

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

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

→ Filing Fee: \$20.00

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