



State of Rhode Island

Department of State - Business Services Division

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 000059396		2. Exact Name of the Corporation BEACON DISTRIBUTORS, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the 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) 650 George Washington Highway, Suite 200			
City/Town Lincoln		State RHODE ISLAND	Zip 02865
6. The name of the NEW registered agent is: Joseph Raheb, 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 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 David G Champagne			Date 1-29-21
Signature of Authorized Officer of the Corporation x <i>David G Champagne</i>			

FILED

FEB 04 2021

5:00 PM

A.A 2:45 PM

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov