RI SOS Filing Number: 202192598820 Date: 2/23/2021 10:51:00 AM

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State of Rhode Island  Rusiness Services Division						
Department of State - Business Services Division				21	<b>-</b>	
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Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation				FEB	2 골 HMP	
→ Filing Fee: \$20.00				23	S TO	
7 Filling Fee. \$20.00				Þ	SE SE	
Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation sub				=	D STATE	
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 Corpora	ation				
1717159	Wickford Shipyard, Inc.	Wickford Shipyard, Inc.				
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State						
Street Address 245 Waterman Street Suite 109						
City/Town Providence			HODE ISLAND	Zip 01906		
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:						
James O Reavis						
5. The address of the <b>NEW</b> registered office is:						
Street Address (NOT a P.O. Box) 30 Lakeview Drive						
City/Town Narragansett		State RI	HODE ISLAND	Zip 02882		
6. The name of the <b>NEW</b> registered agent is:						
David J. Baptista						
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				Date		
George W. McKeen				02/20/21		
Signature of Authorized Officer of the Corporation						
George W. McKeen						

MAIL TO:

**Division of Business Services** 

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

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

FEB 23-2021

FORM 640 - Revised 08/2020