RI SOS Filing Number: 202193714670 Date: 3/8/2021 2:20:00 PM

KI 505	Filing Number: 202193714670	Date: 3/8
State of Rhoo Departme	dè Island ent of State - Business Services	Division
	Change of Agent DREIGN Business Corporation .00	
Pursuant to the provi	isions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> th or the purpose of changing its registered	e undersigne agent in the

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Pursuant to the provisions of I following statement for the pure	RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> the pose of changing its registered	ne undersigned corporation sul agent in the State of Rhode Is	pmits the		
1. Entity ID Number	2. Exact Name of the Corporation				
000797551	Wadson Associates inc				
3. The address of the registe	red office as PRESENTLY show	wn in the records on file with th	e RI Department of State:		
Street Address 122 TWW Street					
City/Tow: N. Chuly DUCT		State RHODE ISLAND	zip DQ840		
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:					
Michael W Miller					
5. The address of the NEW registered office is:					
Street Address (NOT a P.O. Box) 1947 West Main Road					
City/Town Portsmouth		State RHODE ISLAND	^{Zip} 02871		
6. The name of the NEW registered agent is:					
James Alexander Wadson					
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			Date		
JAMES AL	EXANDER WA	M 20 KJ	3-3-2021		
Signature of Authorized Officer of the Corporation					
8.Al wooden.					

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

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FORM 640 - Revised: 08/2020