



State of Rhode Island
Department of State - Business Services Division

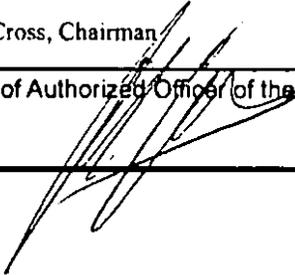
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR 15 P 1:02

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 000120810		2. Exact Name of the Corporation McSweeney & Ricci Insurance Agency, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 10 WEYBOSSET STREET, SUITE 900			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JAMES L. BRAWLEY			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is: C T Corporation System			
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 Royce M. Cross, Chairman			Date 3/9/2021
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

FILED
 MAR 15 2021
 BY MGTDW
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