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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2021 MAR 24 PM 12:21

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~

→ Filing Fee: \$20.00

Business Corporation
7-1-2-502

Pursuant to the provisions of RIGL ~~7-16-11~~ the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000042859	2. Exact Name of the Limited Liability Company <i>Corporation</i> C&P Realty, Inc.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <i>1 Peck Lane</i>		
City/Town <i>Barrington</i>	State RHODE ISLAND	Zip <i>02806</i>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <i>Lynn A. Winqvist</i>		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) <i>100 Amara Street (Unit #5)</i>		
City/Town <i>East Providence</i>	State RHODE ISLAND	Zip <i>02915</i>
6. The name of the NEW resident agent is: <i>Michael J. Winqvist</i>		
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>		
Name of Authorized Person of the Limited Liability Company <i>Michael J. Winqvist</i>	Date <i>3/20/21</i>	
Signature of Authorized Person of the Limited Liability Company <i>Michael J. Winqvist Corporation</i>		

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 24 2021

BY *56533*
A.A. 12:21pm.

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