(B)	State of Rhode Island Department of State	- Business	Services	Division
NOPE				

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

tollowing statement for the pu					
Entity ID Number					
001670655					
3. The address of the registe	ered office as PRESENTLY she	own in the records on file with t	he RI Depa	rtment of State:	
Street Address 989 Reservoir					
City/Town Cranston		State RHODE ISLAND	Zip 02910		
4. The name of the registere MARIA D SANCHEZ	ed agent as PRESENTLY show	n in the records on file with the	RI Departr	nent of State:	
5. The address of the NEW	registered office is:				
Street Address (NOT a P.O. Bo	^{x)} 362 Broadway				
City/Town Providence		State RHODE ISLAND	Zip 02909		
6. The name of the NEW req	gistered agent is:				
Ronald F. Cascione					
		nt will be effective: CHECK ON	E BOX ON	Y	
✓ Date received (Upon fil					
Later effective date (Da	ate must be no more than 30 da	ays from the date of filing)			
Under penalty of perjury, I de Corporation, and that all stat	eclare and affirm that I have ex tements contained herein are t	ramined this Statement of Char rue and correct.	ge of Regis	tered Agent by the	
Name of Authorized Officer of			Date /	_	
Mario Porce	ty 0		3/29	1/21	
Signature of Authorized Office	er of the Corporation				
V					
MAIL TO:		FILED			
Division of Business Services 148 W. River Street, Providence,					
Phone: (401) 222-3040 Website: www.sos.ri.gov					

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