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Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation

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Pursuant to the provisions of R following statement for the pur		_ ,	l l
1. Entity ID Number	2. Exact Name of the Corporation		
001698806	C & K MANAGEMENT SERVICES, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
797 Bald Hill Road			
City/Town Warwick		State RHODE ISLAND	Zip 02886
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Joseph J. McGair, Esq.			
5. The address of the NEW registered office is:			
Street Address (NOI a P.O. Box) 797 Bald Hill Road			
City/Town Warwick		State RHODE ISLAND	Zip 02886
6. The name of the NEW registered agent is:			
Maryanne Bevans, Esq.			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
X 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
Christophi	ER KUMAR		12/11/2020
Signature of Authorized Officer of the Corporation			
Chistopher Kumar			

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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