



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 BUS SYCS DIV
 2021 MAY 21 A 9 25

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 66550		2. Exact Name of the Corporation LISA & SOUSA, Ltd.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 5 Benefit Street			
City/Town Providence		State RHODE ISLAND	Zip 02904
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Carl B. Lisa, Esq.			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 232 Hope Street			
City/Town Bristol		State RHODE ISLAND	Zip 02809
6. The name of the NEW registered agent is: Louis A. Sousa, Esq.			
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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation Louis A. Sousa, Esq., President			Date 5/12/2021
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

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