



State of Rhode Island  
**Department of State - Business Services Division**

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 BUS SVCS DIV  
 2021 JUN 28 PM 2:31

**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 <b>90487</b>		2. Exact Name of the Corporation <b>STADIUM ROAD, INC.</b>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>300 CENTERVILLE ROAD SUITE 304S</b>			
City/Town <b>WARWICK</b>		State <b>RHODE ISLAND</b>	Zip <b>02886</b>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>BARBARA S. COHEN, ESQ</b>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <b>747 PONTIAC AVE. #207</b>			
City/Town <b>CRAVSTON</b>		State <b>RHODE ISLAND</b>	Zip <b>02910</b>
6. The name of the NEW registered agent is: <b>RUSSELL E. HEATON, CPA</b>			
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 <b>JOHN PINKOS</b>			Date <b>6/24/2021</b>
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**  
 JUN 28 2021  
 BY **HHPKX**  
**A.A. 2:31 PM**  
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