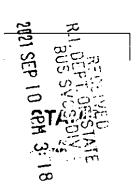
RI SOS Filing Number: 202101243340 Date: 9/10/2021 3:18:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



1. Entity ID Number		of RIGL <u>7-1.2-502</u> or <u>7-1 2-1409</u> t purpose of changing its registered			
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State. State RHODE ISLAND Zip 02906 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State. Barbara Harris 5. The address of the NEW registered office is. Street Address (XOT a P.O. Box) 40 Dorrance Street, Suite 530 City/Town Providence State RHODE ISLAND Zip 02903 6. The name of the NEW registered agent is: Joseph M. Bass, Esq. 7. Date when this Statement of Change of Registered Agent will be effective. CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) Under penalty of penjury. 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 Douglas L. Reilly, President Signature of Authorized Officer of the Corporation Signature of Authorized Officer of the Corporation) '	2. Exact Name of the Corporation			
Street Address 248 Bower Street City/Town Providence State RHODE ISLAND Zip 02906 4 The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State. Barbara Harris 5 The address of the NEW registered office is. Street Address (NOT a P.O. Box) 10 Dorrance Street, Suite 530 City/Town Providence State RHODE ISLAND Zip 02903 6. The name of the NEW registered agent is Joseph M. Bass', Esq. 7. Date when this Statement of Change of Registered Agent will be effective. CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) Under penalty of penjury. 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 frue and correct. Name of Authorized Officer of the Corporation Douglas L. Reilly, President Signature of Authorized Officer of the Corporation	000002667	The Bosworth Compar	The Bosworth Company		
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Douglas L. Reilly, President Signature of Authorized Officer of the Corporation				ige of Registered Agent by the	
Signature of Authorized Officer of the Corporation	Name of Authorized Offic	er of the Corporation		Date	
	Douglas L. Reilly, President			09/07/2021	
Stansfer Li Killy	Signature of Authorized (Officer of the Corporation		1	
7.18	Nanefar -	1. Killy			
				3.18	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov STAMP
SEP 1 0 2021
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