RI SOS Filing Number: 202212520950 Date: 3/9/2022 12:54:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

RIL DEPT. OF STATE BUS SVCS DIV

1. Entity ID Number	2. Exact Name of the Co	2. Exact Name of the Corporation		
000120942	FRED C. CHURCH, INC.	FRED C. CHURCH, INC.		
3. The address of the re	egistered office as PRESENTLY	shown in the records on file with	the RI Department of State:	
Street Address 222 JEFF	ERSON BOULEVARD, SUITE 2	200		
City/Town WARWICK		State RHODE ISLAND	Zip 02888	
4 The name of the regi	stered agent as PRESENTLY s	shown in the records on file with the	e RI Department of State:	
CORPORATION SERVI	CE COMPANY			
0011.011.111.11				
	EW registered office is:			
5. The address of the N	EW registered office is: D. Box) 450 Veterans Memorial P	arkway, Suite 7A		
5. The address of the N	O. Box) 450 Veterans Memorial P	arkway, Suite 7A State RHODE ISLAND	Zip 02914	
5. The address of the N Street Address (NOT a P.	O. Box) 450 Veterans Memorial P		Zip 02914	
5. The address of the N Street Address (NOT a P.) City/Town East Providence	O. Box) 450 Veterans Memorial P		Zip 02914	
5. The address of the N Street Address (NOT a P.0 City/Town East Providence 6. The name of the NE C T Corporation System	O. Box) 450 Veterans Memorial P	State RHODE ISLAND	02914	
5. The address of the N Street Address (NOT a P.0 City/Town East Providence 6. The name of the NE C T Corporation System	D. Box) 450 Veterans Memorial P W registered agent is:		02914	
5. The address of the N Street Address (NOT a P.0 City/Town East Providence 6. The name of the NEC C T Corporation System 7. Date when this State × Date received (Up	O. Box) 450 Veterans Memorial P W registered agent is: ement of Change of Registered fon filing)	State RHODE ISLAND	02914	
5. The address of the N Street Address (NOT a P.C. City/Town East Providence 6. The name of the NEC C T Corporation System 7. Date when this State X Date received (Up Later effective date Under penalty of perior	O. Box) 450 Veterans Memorial P We registered agent is: ement of Change of Registered from filing) e (Date must be no more than by, I declare and affirm that I have	Agent will be effective: CHECK Of 30 days from the date of filing) ve examined this Statement of Cha	NE BOX ONLY	
5. The address of the N Street Address (NOT a P.C. City/Town East Providence 6. The name of the NEC C T Corporation System 7. Date when this State X Date received (Up Later effective date Under penalty of perior	O. Box) 450 Veterans Memorial P The registered agent is: The ment of Change of Registered from filing) The registered agent is: The registered agent is: The registered agent is: The registered agent is:	Agent will be effective: CHECK Of 30 days from the date of filing) ve examined this Statement of Cha	NE BOX ONLY	

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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