



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

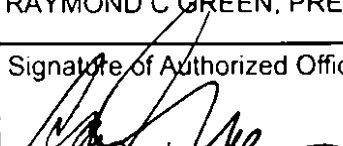
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 BUS SVCS DIV

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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 000073298 | | 2. Exact Name of the Corporation RAYMOND C. GREEN, INC. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 144 MEDWAY 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: RONALD C. MARKOFF | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 10 WEYBOSSET STREET, SUITE 8 | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02903-2808 |
| 6. The name of the NEW registered agent is: KARENANN MCLOUGHLIN | | | |
| 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 RAYMOND C GREEN, PRESIDENT | | | Date 11/16/22 |
| 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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