



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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R.I. DEPT. OF STATE  
BUS SVCS DIV.  
FOR SECRETARY OF STATE  
USE ONLY

2023 FEB -2 P 1:18

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>000144323</b>		2. Exact Name of the Corporation <b>MARIA LIMA'S RESTAURANT INC</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>82 Pawtucket Ave</b>			
City/Town <b>Pawtucket</b>		State <b>RHODE ISLAND</b>	Zip <b>02860</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>MARIA LIMA</b>			
5. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) <b>643 Main ST</b>			
City/Town <b>Pawtucket</b>		State <b>RHODE ISLAND</b>	Zip <b>02860</b>
6. The name of the <b>NEW</b> registered agent is: <b>JACK GALVAO</b>			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b> <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>JACK GALVAO</b>			Date <b>2-2-23</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](http://www.sos.ri.gov)

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FEB 02, 2023

BY