



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SERVICES DIV.  
**STAMP**  
2023 MAR 22 P 3:01  
TARY OF STATE  
USE ONLY

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>000001589</b>		2. Exact Name of the Corporation <b>Auburn Insurance and Realty Co., 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 1119 Reservoir Avenue, Suite A			
City/Town Cranston		State <b>RHODE ISLAND</b>	Zip 02910
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Justin C. Shaw			
5. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) 916 Reservoir Avenue			
City/Town Cranston		State <b>RHODE ISLAND</b>	Zip 02910
6. The name of the <b>NEW</b> registered agent is: Kathleen G. Di Muro, Esq.			
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 Jane A. Paglino-Shaw			Date 2/9/2023
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 MP****MAR 22 2023**BY ML QAMGF

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