



State of Rhode Island
 Department of State - Business Services Division

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2023 MAR 22 PM 1:00

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~ **2023 MAR 30 PM 1:16**
business corporation

→ Filing Fee: \$20.00

7-1-2-502

Pursuant to the provisions of RIGL ~~7-16-11~~ the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000003058		2. Exact Name of the Limited Liability Company <i>Corporation</i> F.H. Buffinton Company	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 575 Lonsdale Ave			
City/Town Central Falls		State RHODE ISLAND	Zip 02863
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Thomas J Cavanagh			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 300 Centerville Road Suite 300			
City/Town Warwick		State RHODE ISLAND	Zip 02886
6. The name of the NEW resident agent is: William L. Meyers			
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company <i>Corporation</i> Thomas J Cavanagh		Date 3/20/23	
Signature of Authorized Person of the Limited Liability Company <i>Corporation</i> 			

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

MAR 30 2023
 BY *DIAQV*
 A.A. 1:16 PM.