



State of Rhode Island
 Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 APR 28 PM 2:10

Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 000033566 | | 2. Exact Name of the Corporation R A C Distributors, Inc. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 50 Niantic Avenue | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02907 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Glenn M. Amore | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 20 Oakdale Road | | | |
| City/Town North Kingstown | | State RHODE ISLAND | Zip 02852 |
| 6. The name of the NEW registered agent is: John J. Kupa, Jr., Esquire | | | |
| 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) _____ | | | |
| <i>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.</i> | | | |
| Name of Authorized Officer of the Corporation Glenn M. Amore | | | Date 3/7/2023 |
| Signature of Authorized Officer of the Corporation | | | |

2:10pm ID

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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APR 28 2023
 BY 10950