

RECEIVED R.I. DEPT. OF STATE FUS SYCS QUIL 2023 HAY 18 P 1: 55

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of R following statement for the pur		ne undersigned corporation sub agent in the State of Rhode Is	
Entity ID Number 2. Exact Name of the Cor		ition	
164923	Fellini Pizzeria, Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 237 ^L	1 Post Road	suite 106	
City/Town WATWICK		State RHODE ISLAND	Zip 02886
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Michael E. Civittolo			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 123 Shaw Avenue			
City/Town Cranston		State RHODE ISLAND	^{Zip} 02905
6. The name of the NEW registered agent is:			
Kristy Knoedler			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
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			Date
Kristy Knoedler S117125			
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 MAY 1 8 2023 BY ML IAAN 4 1:55