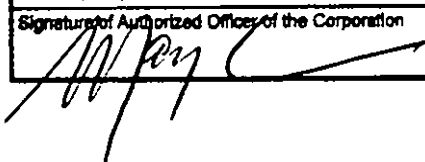


State of Rhode Island  
Department of State - Business Services Division**Statement of Change of Agent**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

REC-ED  
R.I. DEPT. OF STATE  
BUS. SER. DIV.

Pursuant to the provisions of RIGL 7-1.2-507 or 7-1.2-1409 the undersigned corporation hereby makes the following statement for the purpose of changing its registered agent in the State of Rhode Island: 2023 JUN 20 PM 2:28

1. Entity ID Number <b>150078</b>		2. Exact Name of the Corporation <b>CHIMERA INC.</b>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>122 NORTH RIVER DRIVE</b>			
City/Town <b>NARRAGANSETT</b>		State <b>RHODE ISLAND</b>	Zip <b>02882</b>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>NORMAN E. LECOURS</b>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <b>122 NORTH RIVER DRIVE</b>			
City/Town <b>NARRAGANSETT</b>		State <b>RHODE ISLAND</b>	Zip <b>02882</b>
6. The name of the NEW registered agent is: <b>ANTONIO SALVATORE</b>			
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) _____			
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>MARGUERITE SALVATORE</b>			Date <b>6-1-2023</b>
Signature of Authorized Officer of the Corporation 			

## MAIL TO:

Division of Business Services  
149 W. River Street, Providence, Rhode Island 02884-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 540 - Revised 4/2/23

FILED

JUN 20 2023

BY 709QF

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