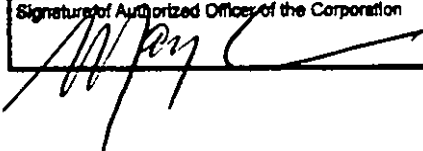


REC-ED
R.I. DEPT. OF STATE
BUS. SERVS. DIV.

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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

MAIL TO:
Division of Business Services
149 W. River Street, Providence, Rhode Island 02884-2816
Phone: (401) 222-3040
Website: www.sos.ri.gov



FORM 540 - Revised 4/2/23

FILED
JUN 20 2023
BY 709QF
2:260J