



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV

2022 JUN 27 P 1:25

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL _____ or _____ 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 000795318		2. Exact Name of the Corporation Americian Surplus, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 10 Weybosset Street, Suite 905			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Sandra Matrone Mack, Esq.			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 40 Westinster Street, 9th Floor			
City/Town Providence		State RHODE ISLAND	Zip 02903
6. The name of the NEW registered agent is: Mark Ryan, Esq.			
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.			
Signature of Authorized Officer of the Corporation Claire A. DiMaio			Date 6/16/23

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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JUN 27 2023
BY QGQVF
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