



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 NOV -1 P 4:07

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<br>000552157                                                                                                                                                                    |                       | 2. Exact Name of the Corporation<br>Team Urso Incorporated |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                       |                                                            |  |
| Street Address 2374 Post Road                                                                                                                                                                       |                       |                                                            |  |
| City/Town<br>Warwick                                                                                                                                                                                | State<br>RHODE ISLAND | Zip<br>02886-2260                                          |  |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>James S. Lawrence, ESQ                                                     |                       |                                                            |  |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                       |                                                            |  |
| Street Address ( <u>NOT</u> a P.O. Box) 14 White Tail Circle                                                                                                                                        |                       |                                                            |  |
| City/Town<br>Charlestown                                                                                                                                                                            | State<br>RHODE ISLAND | Zip<br>02813                                               |  |
| 6. The name of the <b>NEW</b> registered agent is:<br>Michele B Urso                                                                                                                                |                       |                                                            |  |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |                       |                                                            |  |
| <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<br>Michele B Urso                                                                                                                                     |                       | Date<br>01 Nov 23                                          |  |
| Signature of Authorized Officer of the Corporation<br>                                                                                                                                              |                       |                                                            |  |

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY ML GRQGF  
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