



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JAN 30 AM 11:00:45

**Statement of Change of Agent**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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><b>000797427</b>  |  | 2. Exact Name of the Corporation<br><b>NORTH AMERICAN BUS INDUSTRIES INC.</b> |                           |
| 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   |  |   |                           |
| City/Town  |  | State <b>RHODE ISLAND</b>   | Zip                       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:  |  |   |                           |
| 5. The address of the <b>NEW</b> registered office is:   |  |   |                           |
| Street Address ( <u>NOT</u> a P.O. Box) <b>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</b>   |  |   |                           |
| City/Town <b>EAST PROVIDENCE</b>   |  | State <b>RHODE ISLAND</b>   | Zip <b>02914</b>          |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>C T CORPORATION SYSTEM</b>  |  |   |                           |
| 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) _____  |  |   |                           |
| <i>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.</i> |  |   |                           |
| Name of Authorized Officer of the Corporation<br><b>PIPASU SONI</b>  |  |   | Date<br><b>01/09/2024</b> |
| 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)

**FILED**  
JAN 30 2024 11:09  
BY XS6NZ

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