



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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## Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

|                                                                                                                                                                                                              |                                                                 |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------|
| 1. Entity ID Number<br><b>78320</b>                                                                                                                                                                          | 2. Exact Name of the Partnership<br><b>Fox Point Associates</b> |                       |
| 3. The address of the registered office is:                                                                                                                                                                  |                                                                 |                       |
| Street Address ( <u>NOT</u> a P.O. Box) <b>402 Pontiac Ave</b>                                                                                                                                               |                                                                 |                       |
| City/Town<br><b>Cranston</b>                                                                                                                                                                                 | State<br><b>RHODE ISLAND</b>                                    | Zip<br><b>02910</b>   |
| 4. The name of the registered agent is:<br><b>Canning Management Group, LLC</b>                                                                                                                              |                                                                 |                       |
| 5. Under penalty of perjury, I declare and affirm that I have examined this Statement of Designation of Registered Office by the Partnership, and that all statements contained herein are true and correct. |                                                                 |                       |
| Name of a General Partner or Authorized Representative<br><b>William J Canning</b>                                                                                                                           |                                                                 | Date<br><b>3/5/24</b> |
| Signature of the a General Partner or Authorized Representative<br><i>William J. Canning</i>                                                                                                                 |                                                                 |                       |

### MAIL TO:

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BY

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