



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 MAR 4 PM 3:01:09

**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 <b>38058</b>	2. Exact Name of the Corporation <b>Scrumptions, 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 <b>5600 Post Road Unit 118</b>	
City/Town <b>East Greenwich</b>	State <b>RHODE ISLAND</b> Zip <b>02818</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Lawrence N. Altman, LLC</b>	
5. The address of the <b>NEW</b> registered office is: Street Address ( <u>NOT</u> a P.O. Box) <b>7 Emerson Court</b>	
City/Town <b>West Warwick</b>	State <b>RHODE ISLAND</b> Zip <b>02893</b>
6. The name of the <b>NEW</b> registered agent is: <b>Moises Carreiro</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 <b>Moises Carreiro</b>	Date <b>2/23/2024</b>
Signature of Authorized Officer of the Corporation 	

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

**FILED**

MAR 04 2024

BY ML NEB9C

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