RI SOS Filing Number: 202449425310 Date: 3/25/2024 1:38:00 PM



State of Rhode Island

Department of State - Business Services Division

| Statement of Shange of Agent | Statemen | it of Cl | nange | of Agent |
|------------------------------|----------|----------|-------|----------|
|------------------------------|----------|----------|-------|----------|

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> 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 | 2. Exact Name of the Corporation | | သ <u>က</u> | | |
|---|----------------------------------|-----------------------------------|---------------------------|--|--|
| 001708616 | BCABBINC | 30 3:41 | | | |
| 3. The address of the register | red office as PRESENTLY show | vn in the records on file with th | e RI Department of State: | | |
| Street Address 17 Hollow Ridge Rd | | | | | |
| City/Town humford | | State RHODE ISLAND _ | zip 028-02914 | | |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | | | | | |
| CAROL Rivers | | | | | |
| 5. The address of the NEW registered office is: | | | | | |
| Street Address (NOT a P.O. Box) 17 Hollow Ridge Rd City/Town Runsford State RHODE ISLAND Zip 02916 | | | | | |
| City/Town Kumford | | State RHODE ISLAND | zip 02916 | | |
| 6. The name of the NEW registered agent is: | | | | | |
| JAMES BrideN | | | | | |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY | | | | | |
| Date received (Upon filing) | | | | | |
| 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 | f the Corporation | | Date | | |
| BriAN Bouthillette 3/21/2024 | | | 3/21/2024 | | |
| Signature of Authorized Officer of the Corporation | | | | | |
| (Sw) | 18 | _ | | | |

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

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