RI SOS Filing Number: 202453998600 Date: 5/1/2024 12:06:00 PM



State of Rhode Island

Department of State - Business Services Division

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DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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Pursuant to the provisions of RIGL 7-1-2-502 or 7-1.2-1409 the undersigned corporation submits the	1
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 Gerporation  3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of Street Address  177 WASHINGTON Rd, Apt 2  City/Town  BARRINGTON  State RHODE ISLAND  Zip  02806  4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of St.  Lynclia E. Raposo	
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Street Address 177 WASHINGTON Rd, Apt 2  City/Town BARRINGTON  State RHODE ISLAND  Zip 02806  4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of St.  Lancia E. Raposo	
City/Town  BARRINGTON  State RHODE ISLAND  Zip  02806  4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State Reposo	ate:
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of St.	ate:
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of St.	ate:
Lynelia E. Raposo	ate:
Lynelia E. Raposo	
5. The address of the <b>NEW</b> registered office is:	<u> </u>
Street Address (NOT a P.O. Box)  6 STATE ST.	
City/Town WARREN State RHODE ISLAND Zip 02885	5
6. The name of the NEW registered agent is:	
Joseph B. FARMER	
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 Age Corporation, and that all statements contained herein are true and correct.	ent by the
Name of Authorized Officer of the Corporation LLC Date	
Lynelia E. Raposo 5.7.2  Signature of Authorized Officer of the Corporation	7
Signature of Authorized Officer of the Corporation	
Kynelin flaposo	··

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 07 2024 BY 169 19 AA. 1200 PM.

FORM 840 - Revised, 01/2024