



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JUL 12 PM 2:05:29

## 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 000098868		2. Exact Name of the Corporation Northeast Motion, Inc.	
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 410 Harris Road			
City/Town Smithfield	State RHODE ISLAND	Zip 02917	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: James A. Iacoi, Esq.			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 11 Hawthorne Ave			
City/Town Barrington	State RHODE ISLAND	Zip 02806	
6. The name of the <b>NEW</b> registered agent is: Daniel P. Reilly, Esq.			
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) _____			
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 the Corporation JORDAN VIGLDE		Date 7/12/24	
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](http://www.sos.ri.gov)

