RI SOS Filing Number: 202458600580 Date: 8/6/2024 11:36:00 AM



REC'D RIDOS BSD '24 AUG 6 AH 11:35:33

## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

Pursuant to the provisions of following statement for the pu	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the urpose of changing its registered	e undersigned corporation sul agent in the State of Rhode Is	sland:
1. Entity ID Number	2. Exact Name of the Corporation		
000013804	Ure Outfitters, Ltd.		
3. The address of the regist	ered office as PRESENTLY show	on in the records on file with th	ne RI Department of State:
Street Address 96 Franklin Street			
City/Town Westerly		State RHODE ISLAND	<sup>Zip</sup> 02891
4. The name of the register	ed agent as PRESENTLY shown	in the records on file with the	RI Department of State:
Vincent J. Naccarato , Esq.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 85 Beach Street, Bldg. C, Unit 8			
City/Town Westerly		State RHODE ISLAND	<sup>Zip</sup> 02891
6. The name of the NEW re	gistered agent is:		
Kelly M. Fracassa			
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 of Corporation, and that all sta	declare and affirm that I have exa atements contained herein are tru	mined this Statement of Chan ie and correct.	ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Georgia Ure			08/05/2024
Signature of Authorized Off	icer 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

AUG 6 2024

BY\_B 8 8 10

FORM 640 - Revised: 01/2024