

State of Rhode Island Department of State - Business Services Division

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 2. Exact Name of the Corporation                                                                                                                                                  |                             |                    |         |        |      |
| •                                                                                                                                                                                                     | Electric Motor Service, Inc |                    |         |        |      |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:                                                                                    |                             |                    |         |        |      |
| Street Address<br>2/81 A Post Rol                                                                                                                                                                     |                             |                    |         |        |      |
| City/Town OC                                                                                                                                                                                          |                             | State RHODE ISLAND |         |        |      |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:                                                                                        |                             |                    |         |        |      |
| Mark A Charleson Esq.                                                                                                                                                                                 |                             |                    |         |        |      |
| 5. The address of the NEW registered office is:                                                                                                                                                       |                             |                    |         |        |      |
| Street Address (NOT a P.O. Box)                                                                                                                                                                       |                             |                    |         |        |      |
| City/Town War Wi CIL                                                                                                                                                                                  |                             | State RHODE ISLAND | z182888 |        |      |
| 6. The name of the NEW registered agent is:  Staphanie A. Seeber                                                                                                                                      |                             |                    |         |        |      |
| 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                                                                                                                                                                         |                             | Date 1             |         | -<br>1 |      |
| Stephanie Seeber                                                                                                                                                                                      |                             |                    | 08      | 20     | 2024 |
| Signature of Authorized Officer of the Corporation                                                                                                                                                    |                             |                    |         |        |      |
| Stephanie Selber                                                                                                                                                                                      |                             |                    |         |        |      |

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 2 0 2024