

State of Rhode Island Department of State - Business Services Division

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

1. Entity ID Number	2. Exact Name of th	2. Exact Name of the Corporation		
000155819	Wilcox & Barton, Inc	Wilcox & Barton, Inc.		
3. The address of the reg	istered office as PRESE	NTLY shown in the records on file with the	ne RI Department of State:	
Street Address 663 Academ				
City/Town Providence		State RHODE ISLAND	Zip 02860	
4. The name of the regist	ered agent as PRESENT	LY shown in the records on file with the	RI Department of State:	
Barrett Smith				
5. The address of the NE	W registered office is:			
Street Address (NOT a P.O.		ial Parkway, Suite 7A		
City/Town East Providence		State RHODE ISLAND	Zip 02914	
Last 110 vidence				
6. The name of the NEW	registered agent is:			
	registered agent is:			
6. The name of the NEW C T Corporation System	-	ered Agent will be effective: CHECK ON	E BOX ONLY	
6. The name of the NEW C T Corporation System	ent of Change of Registe	ered Agent will be effective: CHECK ON	E BOX ONLY	
6. The name of the NEW C T Corporation System 7. Date when this Statem X Date received (Upon	ent of Change of Registen	ered Agent will be effective: CHECK ON nan 30 days from the date of filing)		
 6. The name of the NEW C T Corporation System 7. Date when this Statem X Date received (Upon Later effective date Under penalty of perjury, 	ent of Change of Registent in filing) (Date must be no more the state of the state	nan 30 days from the date of filing)		
6. The name of the NEW C T Corporation System 7. Date when this Statem X Date received (Upon Later effective date	nent of Change of Registern filing) (Date must be no more the statements contained here)	nan 30 days from the date of filing)		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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