



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 OCT 30 PM 1:48:21

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:

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|---|---|
| 1. Entity ID Number 001689273 | 2. Exact Name of the Corporation Adams & Beasley, Inc. |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 2374 POST ROAD, SUITE 105 City/Town WARWICK, State RHODE ISLAND Zip 02886 | |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: DANTE J. GIAMMARCO, ESQ. | |
| 5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A City/Town East Providence State RHODE ISLAND Zip 02914 | |
| 6. The name of the NEW registered agent is: C T Corporation System | |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> 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 the Corporation Kathryn McBride | Date 10/29/2024 |
| 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

