



State of Rhode Island  
Department of State - Business Services Division

REC'D RHODES BSD  
24 DEC 23 PM 1:37:21

**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:

|  |  |  |                    |
|--|--|--|--------------------|
| 1. Entity ID Number<br>000069369   |  | 2. Exact Name of the Corporation<br>ADMIRAL DONUTS, 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<br>251 SMITH STREET   |  |  |                    |
| City/Town<br>PROVIDENCE  |  | State<br>RHODE ISLAND                                    | Zip<br>02908       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>DAWN HOULE  |  |  |                    |
| 5. The address of the <b>NEW</b> registered office is:   |  |  |                    |
| Street Address (NOT a P.O. Box)<br>251 SMITH STREET  |  |  |                    |
| City/Town<br>PROVIDENCE  |  | State<br>RHODE ISLAND                                    | Zip<br>02908       |
| 6. The name of the <b>NEW</b> registered agent is:<br>CRYSTAL PANCIERA   |  |  |                    |
| 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) _____  |  |  |                    |
| <i>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.</i> |  |  |                    |
| Name of Authorized Officer of the Corporation<br>CRYSTAL PANCIERA, CEO   |  |  | Date<br>12-12-2024 |
| Signature of Authorized Officer of the Corporation<br>   |  |  |                    |

**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)

**FILED 1:37**  
DEC 23 2024  
BY 48A9D

*CBN*