



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDG'S BSD  
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FOR  
SECRETARY OF STATE  
USE ONLY

**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><b>9093</b>                                                                                                                                                                  | 2. Exact Name of the Corporation<br><b>McSHAWN'S PUB, INC.</b> |                  |                       |
| 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 <b>1336 CRANSTON STREET</b>                                                                                                                                                          |                                                                |                  |                       |
| City/Town <b>CRANSTON</b>                                                                                                                                                                           | State <b>RHODE ISLAND</b>                                      | Zip <b>02920</b> |                       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>JOHN J. LOMAS</b>                                                       |                                                                |                  |                       |
| 5. The address of the <b>NEW</b> registered office is: <b>18 SOUTH STREET</b>                                                                                                                       |                                                                |                  |                       |
| Street Address (NOT a P.O. Box)<br><b>18 South Street</b>                                                                                                                                           |                                                                |                  |                       |
| City/Town <b>CRANSTON</b>                                                                                                                                                                           | State <b>RHODE ISLAND</b>                                      | Zip <b>02920</b> |                       |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>JEFFREY A. MARSHALL</b>                                                                                                                    |                                                                |                  |                       |
| 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) _____                                                                                     |                                                                |                  |                       |
| 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<br><b>James Richards</b>                                                                                                                              |                                                                |                  | Date<br><b>3/3/25</b> |
| Signature of Authorized Officer of the Corporation<br><b>James R Richards</b>                                                                                                                       |                                                                |                  |                       |

**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)

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MAR 03 2025  
BY **KDF** FOR SECRETARY OF STATE

**AA. 10:36AM**