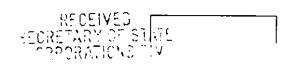
RI SOS Filing Number: 202566524190 Date: 3/5/2025 10:56:00 AM



## State of Rhode Island Department of State - Business Services Division



2025 MAR -5 AM 10: 56

## **Statement of Change of Agent**

**DOMESTIC** or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> 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		
001737962	AVALLONE ASSOCIATES, INC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ONE WORTHINGTON ROAD			
City/Town CRANSTON		State RHODE ISLAND	<sup>Zip</sup> 02920
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
ANTHONY J CALIRI			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) ONE WORTHINGTON ROAD			
City/Town CRANSTON		State RHODE ISLAND	<sup>Zip</sup> 02920
6. The name of the <b>NEW</b> registered agent is:			
RALPH J BARBIERI			
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 the Corporation			Date
THOMAS A AVALLONE			3-3-25
Signature of Authorized Officer of the Corporation			
Home Curlen			

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 D

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FORM 640 - Revised: 01/2024