



State of Rhode Island
Department of State - Business Services Division

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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 138885	2. Exact Name of the Corporation 44 AUTO MALL SALES, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 132 OLD RIVER ROAD, SUITE 103		
City/Town LINCOLN	State RHODE ISLAND	Zip 02865
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JOHN E. SHEKARCHI, ESQ.		
5. The address of the NEW registered office is:		
Street Address (<u>NOT</u> a P.O. Box) 484 ANGELL ROAD		
City/Town LINCOLN	State RHODE ISLAND	Zip 02865
6. The name of the NEW registered agent is: DAVID LOFFREDDO		
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 DAVID LOFFREDDO		Date
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

FILED **STAMP**
MAR 07 2025
BY B86M5
AA 4:02pm