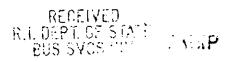


Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



795 EAR 31 P 2: 15 1 2

	RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> th pose of changing its registered		
1. Entity ID Number	2. Exact Name of the Corporation		
6979	AL FORNO, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 260 West Exchange Street Suite 202			
City/Town Providence		State RHODE ISLAND	^{Z_{ip}} 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Robert P. Verri, Esq.			
5. The address of the NEW registered office is:			
Street Address (NOI a PO Box) 50 Park Row West, Suite 107			
City/Town Providence		State RHODE ISLAND	^{Zip} 02903
6. The name of the NEW registered agent is:			
Stephen J. DiGianfilippo, Esq.			
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 o	f the Corporation		Date ,
Johanne Kilieen			3/28/25
Signature of Authorized Officer of the Corporation Muss all			
Tollier /le			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 31 2025 2:15 BY 9976 2:15