Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of following statement for the pur	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> to	he undersigned corporation su	ubmits the
Entity ID Number	rpose of changing its registered agent in the State of Rhode Island: 2. Exact Name of the Corporation		
000809984	CTI Federal Inc.		
3. The address of the registe	red office as PRESENTLY sho	wn in the records on file with t	he RI Department of State
Street Address	od Road, Suite F-201		
City/Town North Kingstown		State RHODE ISLAND	^{Zip} 02852
4. The name of the registere CHARLES F. REILLY, E	d agent as PRESENTLY showr ESQ.	n in the records on file with the	RI Department of State:
5. The address of the NEW r	egistered office is:		· · · · · · · · · · · · · · · · · · ·
Street Address (NOT a P.O. Box	One Turks Head Plac	ce, Suite 1200	
City/Town Providence		State RHODE ISLAND	^{Zip} 02903
6. The name of the NEW reg	istered agent is:	· · · · · · · · · · · · · · · · · · ·	
DarrowEverett LLP			
7. Date when this Statement	of Change of Registered Agent	will be effective: CHECK ON	E BOX ONLY
Date received (Upon fili	3,	<u>-</u>	
Later effective date (Da	te must be no more than 30 day	ys from the date of filing)	
Under penalty of perjury. I de Corporation, and that all state	clare and affirm that I have exa ements contained herein are tru	mined this Statement of Char ue and correct.	nge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Brad Righi, President			April 8, 2025
Signature of Authorized Office	or of the Corporation		·
10			

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**

FORM 640 - Revised 01/2024