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State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



| | 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 | | |
| 000070191 | Empire Productions, Inc. | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 533 CONNECTICUT AVENUE P.O. BOX 1352 | | | |
| City/Town BLOCK ISLAND | | State RHODE ISLAND | ^{Zip} 02807 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| RENEË MEYER | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 211 Quaker Lane, Suite 201 | | | |
| City/Town West Warwick | | State RHODE ISLAND | ^{Zip} 02893 |
| 6. The name of the NEW registered agent is: | | | |
| Orson and Brusini Ltd. | | | |
| 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 |
| Gary Pollard | | | 4/3/2025 2:14 PM PDT |
| Signature of Authorized Officer of the Corporation | | | |
| Gary Pollard | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FIGEDMP\\

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