Statement of Change of AgentDOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



2025 APR 28 P 3: 59

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the following statement for the purpose of changing its registered		
Entity ID Number 2. Exact Name of the Corporation		
000039214 Rose Realty	Company	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address . T481 Wampang Trail City/Town East Providence State RHODE ISLAND Zip -02915		
East Providence	State RHODE ISLAND	zip -02915
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
Brixe H. Cox	<i>i</i>	
5. The address of the NEW registered office is:	a	
Street Address (NOT a P.O. Box) 15 Store Drive		
City/Town Warren	State RHODE ISLAND	zip 02885
6. The name of the NEW registered agent is:		Zip 02885
Warren		zip 02885
6. The name of the NEW registered agent is:	You	
6. The name of the NEW registered agent is: Christine M. Rose Bar	You	
6. The name of the NEW registered agent is: Christine H. Rose Ray 7. Date when this Statement of Change of Registered Agent	How twill be effective: CHECK ON	
6. The name of the NEW registered agent is: Christine H. Rose Bar 7. Date when this Statement of Change of Registered Agen Date received (Upon filing)	t will be effective: CHECK ONlys from the date of filing)	E BOX ONLY
6. The name of the NEW registered agent is: Christine H. Rose Box 7. Date when this Statement of Change of Registered Agen Date received (Upon filing) Later effective date (Date must be no more than 30 day Under penalty of perjury, I declare and affirm that I have executed comporation, and that all statements contained herein are to the composition.	t will be effective: CHECK ONlys from the date of filing) mined this Statement of Change and correct.	E BOX ONLY
6. The name of the NEW registered agent is: Christine H. Rose Box 7. Date when this Statement of Change of Registered Agen Date received (Upon filing) Later effective date (Date must be no more than 30 day Under penalty of perjury, I declare and affirm that I have executed comporation, and that all statements contained herein are to	t will be effective: CHECK ONlys from the date of filing) mined this Statement of Change and correct.	E BOX ONLY ge of Registered Agent by the
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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

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