

Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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I. Entity ID Number	urpose of changing its registered agent in the State of Rhode Island: 2. Exact Name of the Corporation			
000503261	NFMA, Inc.			
3. The address of the re	istered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:	
Street Address 85A Bea	ch Street			
City/Town Westerly		State RHODE ISLAND	^{Zip} 02891	
. The name of the regis	ered agent as PRESENTLY shown	n in the records on file with the	RI Department of State:	
he Law Office of Ma	ria Piro Fusaro, LLC			
. The address of the NE	W registered office is:			
treet Address (NOT a P.O.	Box) 85A Beach Street			
City/Town Westerly		State RHODE ISLAND	^{Zip} 02891	
. The name of the NEW	•			
he Law Office of Ma	na Piro Spector, LLC			
Date when this Statem	ent of Change of Registered Agent	will be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upor	filing)			
] Later effective date (Date must be no more than 30 day	s from the date of filing)		
erperdaeri, dira triat all s	declare and affirm that I have example example the declare and affirm that I have example the declared are true.	mined this Statement of Change and correct.	ge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
Daniel Luzzi			5.20.2025	

MAIL TO:

Division of Business Services

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

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