Filing Fee: \$20.00

ID Number: <u>109950</u>



Form No. 642 Revised: 12/05

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
rovidence, Rhode Island 02904-2615

	Providence, Rhode Island 02904-2615
	LIMITED LIABILITY COMPANY
	STATEMENT OF CHANGE OF RESIDENT AGENT  STERRED RESIDENT AGENT  STATEMENT OF CHANGE OF RESIDENT AGENT  20 ORPORATION  21 ORPORATION  22 ORPORATION  23 ORPORATION  24 ORPORATION  26 ORPORATION  27 ORPORATION  28 ORPORATION  28 ORPORATION  29 ORPORATION  20 ORPORATION  21 ORPORATION  21 ORPORATION  22 ORPORATION  23 ORPORATION  26 ORPORATION  27 ORPORATION  28 ORPORATION  28 ORPORATION  28 ORPORATION  28 ORPORATION  29 ORPORATION  20 ORPORATION  21 ORPORATION  22 ORPORATION  23 ORPORATION  25 ORPORATION  26 ORPORATION  26 ORPORATION  27 ORPORATION  28 ORPORA
Pu ch	irsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a ange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:  PAWTUCKET MART & DELI, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  191 PAWTUCKET AL PAWTUCKET RT 0 2868
3.	The NEW address of the resident agent is:  1233 Chalk slone Ar, Providence, RT 02908
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  HUSSAIN ABOUSAMRA
5.	The name of the NEW resident agent is:
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: 8.20.07  Print Name of Limited Liability Company
	143
	FILED Signature of Authorized Person
	AUG 2 0 2007