

	State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	No Fee
 LOGOUT 		
Limited Liability Company Statement of Change of Address of the Resident Agent (Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)		
? Help with this form		
SECTION I		
The name of the limited liability company is		
<u>East Greenwich Marina, LLC</u>		
SECTION II		
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
<u>1575 SOUTH COUNTY TRAIL EAST GREENWICH , RI 02818</u>		
SECTION III		
The NEW address of the resident agent is:		
No. and Street:	<div style="border: 1px solid black; padding: 2px;">275 WEST NATICK ROAD</div>	<div style="text-align: center;">FILED OCT 03 2015 BY <u>CC</u> 12:44 pm</div>
City or Town:	<div style="border: 1px solid black; padding: 2px;">WARWICK</div>	
State:	RI	Zip: <div style="border: 1px solid black; padding: 2px;">02886</div>
SECTION IV		
The change of address of the resident agent shall become effective upon the filing of this statement, or on <div style="border: 1px solid black; padding: 2px; width: 100px;"></div> (mm/dd/yyyy) <small>(a date not prior to, nor more than 30 days after, filing this Statement)</small>		
Filer's Contact Information <small>(Enter a contact name, mailing address and email.)</small>		
Contact Name:	<div style="border: 1px solid black; padding: 2px;">GARY D. MARINOSCI, ESQ.</div>	
Business Name:	<div style="border: 1px solid black; padding: 2px;">LIBERTY TITLE & ESCROW C</div>	
No. and Street:	<div style="border: 1px solid black; padding: 2px;">275 WEST NATICK ROAD</div>	
City or Town:	<div style="border: 1px solid black; padding: 2px;">WARWICK</div>	
Contact Phone:	<div style="border: 1px solid black; padding: 2px;">401-751-8090</div>	ext: <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>
Contact Email:	<div style="border: 1px solid black; padding: 2px;">rfinelli1@verizon.net</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Resident/Registered Agent ▼</div>		
State:	<div style="border: 1px solid black; padding: 2px;">RI</div>	Zip: <div style="border: 1px solid black; padding: 2px;">02886</div> Country: <div style="border: 1px solid black; padding: 2px;">USA</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Clear</div>		

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 3 Day of October, 2015 at 12:44:15 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

GARY D MARINOSCI

Signature of Resident Agent

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept

☐ Decline

[Click HERE to Submit This Information](#)

Form No. 642
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

