ID Number: <u>530564</u> Filing Fee: \$20.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

## LIMITED LIABILITY COMPANY

## STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a

| <b>1.</b> | The name of the limited liability company is: GREBIEN ASSOCIATES LLC                            |  |
|-----------|---|--|
| 2.        | The address of the resident agent as PRESEN State is:   | NTLY shown in the records on file with the Rhode Island Secretary of                           |
| 3.        | The NEW address of the resident agent is: 101 VINE STREET, PAWTUCKET, RI 02861                  |  |
| ١.        | The name of the resident agent as PRESENT State is:   | TLY shown in the records on file with the Rhode Island Secretary of                            |
| j.        | The name of the NEW resident agent is:  DONALD R. GREBIEN                                       |  |
| ŝ.        | The appointment of a new resident agent and to become effective upon the filing of this stateme | he change of address of the resident agent, as the case may be, shall nt.                      |
|           |   | Under penalty of perjury, I declare that the information contained herein is true and correct. |
| Dat       | e: <u>04/12/2016</u>  | GREBIEN ASSOCIATES LLC   |
|           | FILED   | Print Name of Limited Liability Company  Signature of Authorized Person                        |
|           | APR 14 2016   | Signature of Authorized Person   |

Form No. 642 Revised: 12/05