



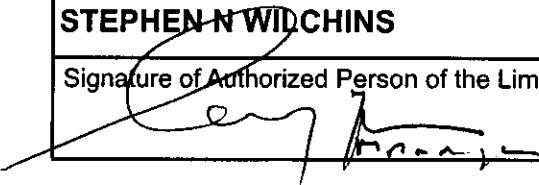
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 MAY 24 AM 10:43

**Statement of Change of Resident Agent**  
**Limited Liability Company**  
Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number		2. Exact Name of the Limited Liability Company	
116138		61-67 SLATER AVENUE LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 127 LEXINGTON AVE			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02904
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1528 MINERAL SPRINGS AVE			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02904
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
VINCENT GUGLIETTI			
6. The name of the NEW resident agent is:			
LEN STABILE			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company			Date
STEPHEN N WIDCHINS			5/12/2016
Signature of Authorized Person of the Limited Liability Company			
 SIGN DOCUMENT HERE			

10:43 Am  
FILED  
MAY 24 2016  
BY 275052  
KM