



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

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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	
128626		120-130 DOYLE 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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company			Date
STEPHEN N WILCHINS			5/12/2016
Signature of Authorized Person of the Limited Liability Company			
SIGN DOCUMENT HERE			

10:43 AM

FILED

MAY 24 2016

BY 275050

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