



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

148 W. River Street, Providence, Rhode Island 02904-2615

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY 31 PM 1:05

**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		
001660419	Riffraff, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 383 Angell St, Unit A			
City/Town Providence	State RHODE ISLAND	Zip 02906	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 144 Medway Street			
City/Town Providence	State RHODE ISLAND	Zip 02906	
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Alison Silver			
6. The name of the NEW resident agent is:			
Marc B. Gertsacov, Esq.			
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	
Thomas Roberge		5/27/2016	
Signature of Authorized Person of the Limited Liability Company			

FILED

MAY 31 2016

By 4275493
1:05