2018 JUN 30 AM 10: 0

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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

ollowing 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		
507325	ROCKWOOD REALTY, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 130 TOWER HILL ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
FRED J. VOLPE			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 130 TOWER HILL ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	^{Zip} 02852
6. The name of the NEW resid	dent agent is:		
DOMENIC A. MOSCA, JR.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
✓ Date received (Upon filing)			
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	of the Limited Liability Company	,	Date
JOSEPH R. VINAGRO, MEMBER			6/28/16
Signature of Authorized Person of the Limited Liability Company			
SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 10.09

FILED

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