



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

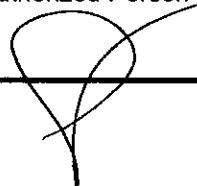
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SECRETARY OF STATE
CORPORATIONS DIV
2016 SEP 20 AM 11:35

Statement of Change of Agent

DOMESTIC or FOREIGN 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 <i>000105287</i>		2. Exact Name of the Limited Liability Company <i>The Tern Inn, Inc</i>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>148 Main St</i>			
City/Town <i>Westerly</i>		State RHODE ISLAND	Zip <i>02891</i>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <i>John J. Gzafire, Jr</i>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <i>16 Peckham Ave</i>			
City/Town <i>N. P</i>		State RHODE ISLAND	Zip <i>02804</i>
6. The name of the NEW resident agent is: <i>William Scampori</i>			
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 the Limited Liability Company <i>William Scampori</i>			Date <i>9/21/16</i>
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

FILED

SEP 20 2016

By *283933*