



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

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 516704		2. Exact Name of the Limited Liability Company RALCO SALES LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 93 OAK Tree Drive 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: ALVIN DEFUSCO			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 93 OAK Tree Drive City/Town NORTH KINGSTOWN State RHODE ISLAND Zip 02852			
6. The name of the NEW resident agent is: LILLIAN DEFUSCO			
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 Lillian DeFusco		Date 11/1/16	
Signature of Authorized Person of the Limited Liability Company Lillian DeFusco 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

NOV 16 2016

BY **088636**
A-A 11:00 A.M.