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

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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	2. Exact Name of the Limited Liability Company	
000550883	**NEWPORT HOLDINGS GROUP LLC**	
3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:		
Street Address **138 SWINBURNE ROW**		
City/Town **NEWPORT**	State **RHODE ISLAND**	Zip **02840**
4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:		
DANIEL MCSWEENEY		
5. The address of the **NEW** resident office is:		
Street Address (NOT a P.O. Box) **840 SMITHFIELD AVE #203**		
City/Town **LINCOLN**	State **RHODE ISLAND**	Zip **02865**
6. The name of the **NEW** resident agent is:		
DAVID B WILLIS		
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		Date
DAVID B WILLIS		11/17/16
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

FILED
11:09
NOV 17 2016
By 288740

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