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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 000140762	2. Exact Name of the Limited Liability Company WOLF RIDGE FARM, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 949 Park Avenue	
City/Town Cranston	State RHODE ISLAND Zip 02910
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Seth Adam Perlmutter, Esq.	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 11 Victory Highway	
City/Town Foster	State RHODE ISLAND Zip 02825
6. The name of the NEW resident agent is: Beth DiCicco	
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) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company Beth DiCicco	Date 3-22-2017
Signature of Authorized Person of the Limited Liability Company Beth DiCicco 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

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