



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

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 BUS. SVCS. DIV.  
 2017 APR -6 AM 11:05

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

→ No Filing Fee

7-16-11

Pursuant to the provisions of RIGL ~~7-1.2-502 or 7-1.2-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|   |  |
|---|--|
| 1. Entity ID Number<br><b>667245</b>  | 2. Exact Name of the Corporation <b>LLC</b><br><b>H &amp; A Kitchen, LLC</b> |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>1 Ship Street</b>  |  |
| City/Town <b>Providence</b>   | State <b>RHODE ISLAND</b> Zip <b>02903</b>                                   |
| 4. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>116 Orange Street</b>  |  |
| City/Town <b>Providence</b>   | State <b>RHODE ISLAND</b> Zip <b>02903</b>                                   |
| 5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX<br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____                  |  |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).<br><i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> |  |
| Name of the Registered Agent/Officer of the Corporation <b>LLC</b><br><b>Stephen M. Litwin, Esquire</b>   | Date<br><b>3/30/17</b>   |
| Signature of the Registered Agent/Officer of the Corporation<br><i>Stephen M. Litwin</i>  |  |

**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**  
**APR 6 2017**  
 BY ll:05



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 06, 2017 11:05 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

