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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 APR - 6 PM 4:15

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 815172 | 2. Exact Name of the Limited Liability Company Main Street Liquors LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address: 790 Washington St, Ste 1 | | |
| City/Town: Coventry | State: RHODE ISLAND | Zip: 02816 |
| 4. The name of the resident/agent as PRESENTLY shown in the records on file with the RI Department of State: ERRA Penardo | | |
| 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box): 1142 Main Street | | |
| City/Town: Coventry | State: RHODE ISLAND | Zip: 02816 |
| 6. The name of the NEW resident agent is: Craig A. Penardo | | |
| 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 Craig A. Penardo | Date 4/2/17 | |
| Signature of Authorized Person of the Limited Liability Company Craig A. Penardo 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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BY CU 300329