



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

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2017 JUN 15 AM 10:23

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 001662708		2. Exact Name of the Limited Liability Company Savory Marine, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 20 Cavalier Drive			
City/Town East Greenwich	State RHODE ISLAND	Zip 02818	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Nino M. Granatiero			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 245 Waterman Street, Suite 109			
City/Town Providence	State RHODE ISLAND	Zip 02906	
6. The name of the NEW resident agent is: James O. Reavis			
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) _____			
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 Nino M. Granatiero		Date JUNE 9, 2017	
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

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BY
A.A. 10:23 AM
FORM 642 - Revised: 07/2016