



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent


DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE
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2017 AUG 15 PM 3:12

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 001340374		2. Exact Name of the Limited Liability Company COTTAGE STREET INDUSTRIES, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 116 ORANGE STREET			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: STEPHEN M. LITWIN, ESQUIRE			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) COTTAGE STREET INDUSTRIES, LLC 453. COTTAGE STREET, UNIT 2A			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02861
6. The name of the NEW resident agent is: NORA RABINS			
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 NORA RABINS			Date 8-15-2017
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 02904-2610

Phone: (401) 222-3040

Website: www.sos.ri.gov

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