



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

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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 798339		2. Exact Name of the Limited Liability Company WESTERLY CAPITAL, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 171 BROADWAY			
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: JAMES A. IACCOI, ESQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 7 SHORELINE DRIVE			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
6. The name of the NEW resident agent is: MICHAEL CAPALBO			
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 MICHAEL CAPALBO, MANAGER			Date 6/29/17
Signature of Authorized Person of the Limited Liability Company 			

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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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