



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 <b>001668555</b>	2. Exact Name of the Limited Liability Company <b>Pilgrim Lofts Manager LLC</b>
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>128 Dorrance Street, Suite 300</b>	
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b> Zip <b>02903</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Kelly &amp; Mancini, P.C.</b>	
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) <b>1300 Division Road, Suite 104</b>	
City/Town <b>West Warwick</b>	State <b>RHODE ISLAND</b> Zip <b>02893</b>
6. The name of the <b>NEW</b> resident agent is: <b>Jeffrey D. Wadovick, CPA, MST</b>	
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 <b>Federico Manaigo</b>	Date <b>9/30/2017</b>
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

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