



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 Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000737905		2. Exact Name of the Corporation Leinster Inc	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 195 Broadway, 2nd Floor			
City/Town Newport		State RHODE ISLAND	Zip 02840
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Keith B Kyle, Esq			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 206 Meadow Lane			
City/Town Middletown		State RHODE ISLAND	Zip 02842
6. The name of the NEW registered agent is: Chelynn Sheehan			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 90 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation Chelynn Sheehan			Date 11/27/17
Signature of Authorized Officer of the Corporation Chelynn Sheehan 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 **0318368**