



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 CORPORATIONS DIV  
 2017 DEC -7 AM 11:19


## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

no Filing Fee.

(KMC)

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 000792936	2. Exact Name of the Limited Liability Company 1345 Trail, LLC	
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 51 Bridge street		
City/Town Raynham	State MA RHODE ISLAND	Zip 02767
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: HAJI. I. AHMAD		
5. The address of the <b>NEW</b> resident office is:		
Street Address (NOT a P.O. Box) 1345 WAMPANOAG TRAIL		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip 02915
6. The name of the <b>NEW</b> resident agent is: HAJI I. AHMAD		
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 HAJI I. AHMAD		Date 12/5/2017
Signature of Authorized Person of the Limited Liability Company  SEE 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. 11:19 A.M.