



State of Rhode Island and Providence Plantations

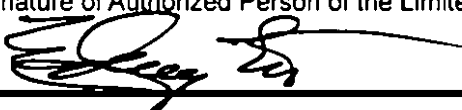
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001671179		2. Exact Name of the Limited Liability Company 160-162 Main Street LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 567 METACOM AVE UNIT 2			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: WILLIAM P DENNIS ESQ			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 99 TUPELO STREET			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
6. The name of the NEW resident agent is: EDWARD J COX II			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the date 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 EDWARD J COX II			Date 08/23/18
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

FILED

AUG 30 2018

BY

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