



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

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 CORPORATIONS DIV
 2018 SEP 12 PM 12:47

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 001663434		2. Exact Name of the Limited Liability Company Slow Molasses, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 166 School Street			
City/Town Forestdale	State RHODE ISLAND	Zip 02824	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Sherry Daignault			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 96 Suddard Lane			
City/Town North Scituate	State RHODE ISLAND	Zip 02857	
6. The name of the NEW resident agent is: Lisa Foisy			
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 Lisa Foisy		Date 9/13/2018	
Signature of Authorized Person of the Limited Liability Company <i>Lisa Foisy</i>			

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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FILED
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