



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 OCT -5 PM 12:45

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 711612		2. Exact Name of the Limited Liability Company PRIME CHOICE DEVELOPMENT, LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 519 MENDON ROAD, P.O. BOX 8000			
City/Town CUMBERLAND		State RHODE ISLAND	Zip 02864
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: GARY R. ALGER, ESQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 28 WINTHROP DRIVE			
City/Town BARRINGTON,		State RHODE ISLAND	Zip 02806
6. The name of the NEW resident agent is: JOHN A. CHELO			
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 John A. Chelo			Date 5 OCT 2018
Signature of Authorized Person of the Limited Liability Company JOHN A. CHELO 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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