



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

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2019 FEB 28 AM 10:22

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 793956		2. Exact Name of the Limited Liability Company New England Dent Renovation	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 469 CENTREVILLE RD SUITE 203			
City/Town NARWICK		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: STEVE DESTAFANO, CPA PARMELEE, POIRIER & ASSOCIATES			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 85 DOUGLAS PIKE			
City/Town SMITHFIELD		State RHODE ISLAND	Zip 02917
6. The name of the NEW resident agent is: JIM BARROWS, CPA BARROWS & CO., INC			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 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 William Fallon			Date 2/28/19
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

STAMP

FILED

FEB 28 2019
BY 5A XTA

FOR
SECRETARY OF STATE
USE ONLY

FORM 642 - Revised: 12/2018

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