



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Statement of Change of Agent

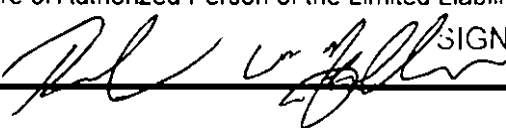
DOMESTIC or FOREIGN Limited Liability Company

2019 APR 24 PM 4:06

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→ 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 00834535		2. Exact Name of the Limited Liability Company RW Properties LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 165 Ridge Street			
City/Town Providence		State RHODE ISLAND	Zip 02909
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Ronald A. DeThomas			
5. The address of the NEW resident office is:			
Street Address (NOT 300) 973 Hartford Ave			
City/Town Johnston		State RHODE ISLAND	Zip 02919
6. The name of the NEW resident agent is: Raul Maldonado			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ 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 Raul Maldonado			Date 4/24/19
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

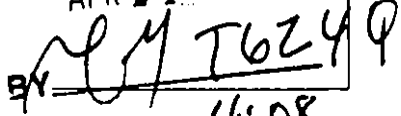
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY  T6249
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FORM 642 - Revised 07/2016