



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

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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	2. Exact Name of the Limited Liability Company		
001673257	K Sloan Maccini Law & Mediation, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address: One Grove Avenue			
City/Town	State	Zip	
East Providence	RHODE ISLAND	02914	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Christine J. Engustian, Esq.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box): 34 Narragansett Ave., Suite #4			
City/Town	State	Zip	
Smithtown	RHODE ISLAND	02835	
6. The name of the NEW resident agent is:			
Kristen Sloan Maccini			
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			Date
Kristen Sloan Maccini			7/3/19
Signature of Authorized Person of the Limited Liability Company			

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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