RI SOS Filing Number: 201906873600 Date: 7/22/2019 11:53:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:



3. The address of the resident of Street Address 127 DORRANCE S City/Town PROVIDENCE 4. The name of the resident ager MARK A. FAY 5. The address of the NEW resident Street Address (NOT a P.O. Box) 13 City/Town JOHNSTON 6. The name of the NEW resident GENE M. CARLINO	STREET, SECOND FLOOR Int as PRESENTLY shown in dent office is:	n in the records on file with the R State RHODE ISLAND	Zip 02903
City/Town PROVIDENCE 4. The name of the resident ager MARK A. FAY 5. The address of the NEW resident Street Address (NOT a P.O. Box) City/Town JOHNSTON 6. The name of the NEW resident GENE M. CARLINO	STREET, SECOND FLOOR Int as PRESENTLY shown in dent office is:	State RHODE ISLAND	Zip 02903
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4. The name of the resident ager MARK A. FAY 5. The address of the NEW resident Street Address (NOT a P.O. Box) 13 City/Town JOHNSTON 6. The name of the NEW resident GENE M. CARLINO	dent office is:	RHODE ISLAND	<u> </u>
MARK A. FAY 5. The address of the NEW residence of	dent office is:	n the records on file with the R	Department of State:
5. The address of the NEW residence of the NEW resi			
Street Address (NOT a P.O. Box) City/Town JOHNSTON 6. The name of the NEW resident GENE M. CARLINO			
City/Town JOHNSTON 6. The name of the NEW resident GENE M. CARLINO			
6. The name of the NEW resider GENE M. CARLINO	301 ATWOOD AVENUE, S	UITE 215N	
GENE M. CARLINO		State RHODE ISLAND	^{Zip} 02919
	nt agent is:		
\mid 7. Date when this Statement of 0	Change of Resident Agent v	vill be effective: CHECK ONE I	3OX ONLY
✓ Date received (Upon filing)			
Later effective date (Date m	nust be no more than 90 da	ys from the date of filing)	
Under penalty of perjury, I declar Limited Liability Company, and th			ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
GENE M. CARLINO			07/16/2019
Signature of Authorized Person	of the Limited Liability Com	pany	1
	1	UMENT HERE	
1 / Jene	/ SIGN/DOC		

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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