



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 <b>122292</b>	2. Exact Name of the Limited Liability Company <b>VIAL FARM LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>127 DORRANCE STREET, SECOND FLOOR</b>		
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>MARK A. FAY</b>		
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) <b>1301 ATWOOD AVENUE, SUITE 215N</b>		
City/Town <b>JOHNSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02919</b>
6. The name of the <b>NEW</b> resident agent is: <b>GENE M. CARLINO</b>		
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b> <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) _____		
<i>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.</i>		
Name of Authorized Person of the Limited Liability Company <b>GENE M. CARLINO, MANAGER</b>	Date <b>7/16/2019</b>	
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

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