



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

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 CORPORATIONS DIV

2019 OCT 21 PM 1:52

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 <u>1692017</u>		2. Exact Name of the Limited Liability Company <u>Bookkeeping Towne, LLC</u>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <u>136 Oak Crest Drive</u>			
City/Town <u>Riverside</u>		State <u>RHODE ISLAND</u>	Zip <u>02915</u>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <u>Dolly Towne</u>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <u>1275 Wampanoag Trail, Suite 3B</u>			
City/Town <u>East Providence</u>		State <u>RHODE ISLAND</u>	Zip <u>02915</u>
6. The name of the NEW resident agent is: <u>Dolly Towne</u>			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input type="checkbox"/> Date received (Upon filing)			
<input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <u>11/1/2019</u>			
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 <u>Dolly Towne</u>			Date <u>10/17/19</u>
Signature of Authorized Person of the Limited Liability Company <u>Dolly Towne</u>			

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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