



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

STAMP

FOR SECRETARY OF STATE USE ONLY

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 000134126 | | 2. Exact Name of the Limited Liability Company MACARUSO REALTY, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address: 130 Tower Hill Road | | | |
| City/Town: North Kingstown | | State: RHODE ISLAND | Zip: 02852 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: FRED J. VOLPE, ESQ. | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box): 130 TOWER HILL ROAD | | | |
| City/Town: NORTH KINGSTOWN | | State: RHODE ISLAND | Zip: 02852 |
| 6. The name of the NEW resident agent is: DOMENIC A. MOSCA, JR. | | | |
| 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 AMANDA MACARUSO, MEMBER | | | Date 10.10.19 |
| Signature of Authorized Person of the Limited Liability Company <i>Amanda Macaruso</i> SIGN DOCUMENT HERE | | | |

RECEIVED
 RI DEPT. OF STATE
 BUS. SVCS. DIV.
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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