



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 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

000164093

2. Exact Name of the Limited Liability Company

101 Franklin Street Properties, LLC

3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address

101 Franklin Street

City/Town

Westerly

State

RHODE ISLAND

Zip

02891

4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:

George A. Comelli

5. The address of the NEW resident office is:

Street Address (NOT a P.O. Box)

101 Franklin Street

City/Town

Westerly

State

RHODE ISLAND

Zip

02891

6. The name of the NEW resident agent is:

Donna Broccoli

7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY

☒ Date received (Upon filing)

☐ 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

Scott F. Funderstein

Date

10/23/2019

Signature of Authorized Person of the Limited Liability Company

SIGN DOCUMENT HERE

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2019 NOV - 5 AM 11:4

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

NOV 05 2019

BY

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