



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

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R.I. DEPT. OF STATE
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Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

2020 JUN 18 AM 11:36

→ 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 000836130		2. Exact Name of the Limited Liability Company Alicea Realty	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address			
City/Town		State RHODE ISLAND	Zip
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 339 Woonasquatucket Ave			
City/Town North Providence		State RHODE ISLAND	Zip 02911
6. The name of the NEW resident agent is: Bianca Alicea			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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 Bianca Alicea			Date 6/17/20
Signature of Authorized Person of the Limited Liability Company <i>Bianca Alicea</i> 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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