



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2020 SEP 18 AM 11:30

**Statement of Change of Agent ADDRESS**  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ — NO fee

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>126082</b>		2. Exact Name of the Limited Liability Company <b>Farone Coffee Company, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>225 Broadway</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>FRANK S. Lombardi</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>370 Atwood Avenue</b>			
City/Town <b>Cranston</b>	State <b>RHODE ISLAND</b>	Zip <b>02920</b>	
6. The name of the NEW resident agent is: <b>FRANK S. Lombardi</b>			
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 <b>Philip Farone</b>		Date <b>9/14/2020</b>	
Signature of Authorized Person of the Limited Liability Company <i>Philip Farone</i>			

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**  
SEP 18 2020  
BY A.A. 11:30 AM

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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 18, 2020 11:30 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

