



State of Rhode Island
Department of State - Business Services Division

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RI DEPT. OF STATE
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2020 SEP 18 AM 11:31

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

→ Pting Fee: ~~620.00~~ *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 827493		2. Exact Name of the Limited Liability Company Bianco Landscaping, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 225 Broadway			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Frank S. Lombardi Law Associates PC			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 370 Atwood Avenue			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
6. The name of the NEW resident agent is: Frank S. Lombardi Law Associates PC			
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 Everett Bianco			Date 9-11-20
Signature of Authorized Person of the Limited Liability Company <i>Everett Bianco</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. 11:31 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 11:31 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

