



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 OCT 28 P 2:35

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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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 156884	2. Exact Name of the Limited Liability Company Scary Acres, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 197 Taunton Avenue, Suite 202		
City/Town East Providence	State RHODE ISLAND	Zip 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: A. Larry Berren, Esq.		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) 197 Taunton Avenue		
City/Town East Providence	State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is: David N. Bazar, Esq.		
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 Vincent J. Confreda, Manager		Date 10-0-20
Signature of Authorized Person of the Limited Liability Company 		

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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