



State of Rhode Island

## Department of State - Business Services Division

## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 DEC 16 PM 3:44

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 000111325		2. Exact Name of the Limited Liability Company PHILIP MANZO ENTERPRISES LTD	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 462 BROADWAY			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02909
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: John Russo - deceased			
5. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) 320 HOWARD AVE			
City/Town HOPE		State RHODE ISLAND	Zip 02831
6. The name of the <b>NEW</b> resident agent is: ALEXANDRA MANZO			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 ALEXANDRA MANZO			Date 12/2/2020
Signature of Authorized Person of the Limited Liability Company Alexandra Manzo			

## 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

DEC 16 2020

 A.A.  
 3:49 pm  
 BY VADAV