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 BUS SVCS DIV  
 2020 DEC 16 PM 3:44

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ 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 000111325		2. Exact Name of the Limited Liability Company PHILIP MANZO ENTERPRISES LTD	
3. The address of the resident office as PRESENTLY 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 PRESENTLY shown in the records on file with the RI Department of State: John Russo - deceased			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 320 HOWARD AVE			
City/Town HOPE		State RHODE ISLAND	Zip 02831
6. The name of the NEW resident agent is: ALEXANDRA MANZO			
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 ALEXANDRA MANZO			Date 12/2/2020
Signature of Authorized Person of the Limited Liability Company <i>Alexandra Manzo</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**

A.A.  
 3:49 pm  
 BY VAQAV  
 DEC 16 2020