



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

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 000162904	2. Exact Name of the Limited Liability Company CSI Realty, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 301 Promenade Street			
City/Town Providence	State RHODE ISLAND	Zip 02908	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Cameron A. Mittleman / Karen G. DelPonte, Esq.			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 3340 Pawtucket Avenue			
City/Town Riverside	State RHODE ISLAND	Zip 02915	
6. The name of the NEW resident agent is: David B. Murphy Jr			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ 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 David B. Murphy Jr			Date 11/18/20
Signature of Authorized Person of the Limited Liability Company DB Murphy Jr			

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**JAN 11 2021****BY****CH CB D14**
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