



State of Rhode Island
Department of State - Business Services Division

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 BUS SVCS DIV
 2021 JAN 13 PM 2:57

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 001699210	2. Exact Name of the Limited Liability Company ProVal, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 38 Thornton Way			
City/Town North Kingstown	State RHODE ISLAND	Zip 02852	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Thomas J. Valenti			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 38 Thornton Way			
City/Town North Kingstown	State RHODE ISLAND	Zip 02852	
6. The name of the NEW resident agent is: Donna Valenti			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Donna Valenti			Date 01/08/2021
Signature of Authorized Person of the Limited Liability Company <i>Donna Valenti</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

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BY *JX5W9*
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