



State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JAN 27 AM 9:20**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 148294	2. Exact Name of the Limited Liability Company MARDOM 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 109 MATTESON ROAD BOX 356		
City/Town Hope	State RHODE ISLAND	Zip 02831
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: DAVID GREENSTEIN		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) 12 FACTORY ST		
City/Town WEST WARWICK	State RHODE ISLAND	Zip 02893
6. The name of the NEW resident agent is: DEBORAH R GREENSTEIN		
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 DEBORAH R GREENSTEIN		Date January 15, 2021
Signature of Authorized Person of the Limited Liability Company <i>Deborah Greenstein</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

JAN 27 2021

BY

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