



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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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 001701091		2. Exact Name of the Limited Liability Company Susan Cofone Cleaning 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 Granite St.			
City/Town Westerly		State RHODE ISLAND	Zip 02891
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Paul F Singer			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 185 Tomaguan Rd			
City/Town Ashaway		State RHODE ISLAND	Zip 02804
6. The name of the NEW resident agent is: Susan Cofone			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
☐ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the day 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 Susan Cofone			Date JANUARY 11, 2021
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE			

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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