



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2021 FEB 25 AM 11:22

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 001712131	2. Exact Name of the Limited Liability Company Swan Street LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 1308 Atwood Avenue	
City/Town Johnston	State RHODE ISLAND Zip 02919
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph Ackaway	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 7715 Post Road Suite 204	
City/Town North Kingstown	State RHODE ISLAND Zip 02852
6. The name of the NEW resident agent is: Anthony Coletta	
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 Anthony Coletta	Date 2/20/2021
Signature of Authorized Person of the Limited Liability Company <i>Anthony J. Coletta</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 **STAMP**
 FEB 25 2021 11:22
DEVZM