



State of Rhode Island

Department of State - Business Services Division

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2021 FEB 26 AM 8:34

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ no fee

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 001658150		2. Exact Name of the Limited Liability Company Two Rivers Property Solution, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 697 B Willett ave			
City/Town Riverside		State RHODE ISLAND	Zip 02915
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Arthur Cooper			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 34 Woodland st			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
6. The name of the NEW resident agent is: Arthur Cooper			
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 Arthur Cooper			Date 2/25/2021
Signature of Authorized Person of the Limited Liability Company Arthur Cooper			

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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