



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS. DIV.  
2021 FEB 26 AM 10:15

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 001702157	2. Exact Name of the Limited Liability Company Bella Homes, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:		
Street Address 77 Rolfe Square		
City/Town Cranston	State <b>RHODE ISLAND</b>	Zip 02910
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Joseph T Nottie III		
5. The address of the <b>NEW</b> resident office is:		
Street Address ( <u>NOT</u> a P.O. Box) 240 Chestnut Street		
City/Town Warwick	State <b>RHODE ISLAND</b>	Zip 02888
6. The name of the <b>NEW</b> resident agent is: Paul M. Vicario, CPA		
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>		
<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) _____		
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 Joao Menezes		Date ✓ 2-26-21
Signature of Authorized Person of the Limited Liability Company 		

**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

FEB 26 2021

STAMP

BY 520 PH  
10:15