



State of Rhode Island

Department of State - Business Services Division

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

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 001702157		2. Exact Name of the Limited Liability Company Bella Homes, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 77 Rolfe Square			
City/Town Cranston		State RHODE ISLAND	Zip 02910
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph T Nottie III			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 240 Chestnut Street			
City/Town Warwick		State RHODE ISLAND	Zip 02888
6. The name of the NEW resident agent is: Paul M. Vicario, CPA			
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 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 AK 520 PH
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