RI SOS Filing Number: 202193640500 Date: 3/5/2021 12:27:00 PM

State of Rhode Island
Department of State - Business Services Division

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2021 MAR -5 PM 12:27

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	2. Exact Name of the Limited Liability Company
000161846	SCHOOLHOUSE APTS LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address: 176 EDDIE DOWLING HIGHWAY

City/Town	State	Zip
North Smithfield	RHODE ISLAND	02896

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

ARAM P. JARRET JR

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box): 41 BREAKNECK HILL ROAD UNIT 2

City/Town	State	Zip
LINCOLN	RHODE ISLAND	02865

6. The name of the **NEW** resident agent is:

DAN CESARONI

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	Date
DAN CESARONI	3/2/2021

Signature of Authorized Person of the Limited Liability Company: Dan Cesaroni

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
MAR 05 2021
BY PPL75
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