State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT OF STATE
BUS SVCS DIV
2021 MAY 14 PM 1:07

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company ADDRESS

→ 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	2. Exact Name of the Limited Liability Company
000484902	Chipster, LLC

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

Street Address		
17 Gosnold Road		
City/Town: North Kingstown	State: **RHODE ISLAND**	Zip: 02852

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

Carol E. Marsocci

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

Street Address (NOT a P.O. Box)		
211 Babcock Road		
City/Town: North Kingstown	State: **RHODE ISLAND**	Zip: 02852

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

Carol E. Marsocci

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
Carol E. Marsocci	5/11/21

Signature of Authorized Person of the Limited Liability Company

Carol E Marsocci

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
MAY 14 2021
BY A.A. 1:07 P.M.

STAMP

FORM 642 - Revised: 08/2020

642A

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 14, 2021 01:07 PM

Nellie M. Gorbea
Secretary of State