



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUN 29 P 1:19

Statement of Change of AgentDOMESTIC or FOREIGN ~~Limited Liability Company~~

→ Filing Fee: \$20.00

*Corporation*Pursuant to the provisions of RIGL ~~7-18-1~~ ⁷⁻¹ 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 524818		2. Exact Name of the Limited Liability Company SHRI STUDIO Inc.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address Adler Pollock & Sheehan, P.C.			
City/Town One Citizens Plaza 8th Floor Providence		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Keith Fayan			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1005 Main Street Unit 1204			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
6. The name of the NEW resident agent is: Keith Fayan			
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) _____			
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 Alicia Berube			Date 6/29/2021
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:

Division of Business Services

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FILED**JUN 29 2021**BY CA AJ9W1
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