



State of Rhode Island

Department of State - Business Services Division

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 SEP 17 AM 10:30

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 000271482		2. Exact Name of the Limited Liability Company 57 PAWTUCKET AVENUE LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 40 WESTMINSTER STREET, SUITE 1100			
City/Town 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: JOHN J. PARTRIDGE, ESQ.			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P O Box) 40 WESTMINSTER STREET, SUITE 1100			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
6. The name of the NEW resident agent is: COURTNEY A HARRIS, ESQ.			
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 William M. Kapos		Date 9/13/21	
Signature of Authorized Person of the Limited Liability Company 			

FILED**SEP 17 2021**BY CH QP722

10:30

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov