RI SOS Filing Number: 202103105330 Date: 10/12/2021 2:51:00 PM



State of Rhode Island

**Department of State - Business Services Division** 



## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> 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		
1658009	DNW HOLDINGS, LLC.		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 9 THURBER BOULEVARD, SUITE D			
City/Town SMITHFIELD		State RHODE ISLAND	Zip 02917
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
RICHARD W. NICHOLSON, ESQ.			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box)  12 WATERMAN AVE.			
City/Town NORTH PROVIDENCE		RHODE ISLAND	Z <sub>1</sub> p 02911
6. The name of the <b>NEW</b> resident agent is:			
TOM O. MILLER			
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
TOM O. MILLER			10-08-2021
Signature of Authorized Person of the Limited Liability Company			
Tom O. Mith			

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

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