



State of Rhode Island

Department of State - Business Services Division

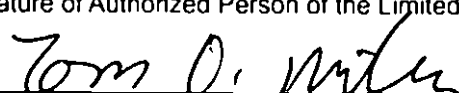
RECEIVED
STATE
BUSINESS SERVICES DIV
2021 OCT 12 PM 2:51

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 1658009		2. Exact Name of the Limited Liability Company 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 NEW resident office is:			
Street Address (NOT a P.O. Box) 12 WATERMAN AVE.			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02911
6. The name of the NEW 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 TOM O. MILLER			Date 10-08-2021
Signature of Authorized Person of the Limited Liability Company 			

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

OCT 12 2021

16 SNACS

2:51