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| State of Rhode Island Department of State - Business Serv Address | vices Division | DUE ST | | |
|---|---|-----------------------------|--|--|
| Address Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company → Filing Fee: \$20.00 NO Fee | | | | |
| → Filing Fee: \$29.90 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: | | | | |
| | 2. Exact Name of the Limited Liability Company TR(ERO, LL) | | | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | | |
| Street Address 59 Elmwood Avenue | | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02907 | | |
| 4. The name of the resident agent as PRESENTLY sho | own in the records on file with the R | I Department of State: | | |
| Kenneth Trinque | | | | |
| 5. The address of the NEW resident office is: | | | | |
| Street Address (NQT a P.O. Box) 75 Arnold Avenue | | | | |
| City/Town Cranston | State RHODE ISLAND | ^{Zip} 02905 | | |
| 6. The name of the NEW resident agent is: | | | | |
| Kenneth Trinque | | | | |
| 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 Limited Liability Company, and that all statements cont | | ge of Resident Agent by the | | |
| Name of Authorized Person of the Limited Liability Con | Date | | | |
| Kenneth Trinque, Sole Member | | 12/31/2021 | | |
| Signature of Authorized Person of the Limited Liability | Company | | | |
| | FI | LED | | |

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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| J/ | AN | 5 2022 | STAT P |
| BY | | A | 11:47 |

FORM 642 - Revised: 08/2020

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:

January 05, 2022 11:47 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

