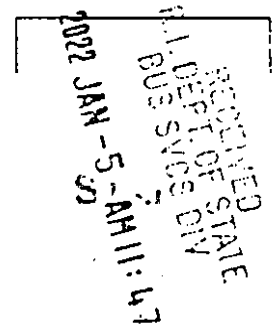




State of Rhode Island

Department of State - Business Services Division



Address

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~

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:

1. Entity ID Number 000792102		2. Exact Name of the Limited Liability Company TRINQUE, LLC	
3. The address of the resident office as <b>PRESENTLY</b> 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 <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Kenneth Trinke			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 75 Arnold Avenue			
City/Town Cranston		State RHODE ISLAND	Zip 02905
6. The name of the <b>NEW</b> resident agent is: Kenneth Trinke			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b> <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 Kenneth Trinke, Sole Member			Date 12/31/2021
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

JAN 5 2022

STAMP  
11:47

BY