



State of Rhode Island  
**Department of State - Business Services Division**

RECEIVED STATE  
 DEPT OF STATE  
 BUS SVCS DIV  
 2022 JAN - 5 AM 11:47

*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 <b>000506180</b>	2. Exact Name of the Limited Liability Company <b>Private Reserve Properties II</b>	
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 <b>59 Elmwood Avenue</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02907</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Kenneth Trinqu</b>		
5. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>75 Arnold Avenue</b>		
City/Town <b>Cranston</b>	State <b>RHODE ISLAND</b>	Zip <b>02905</b>
6. The name of the <b>NEW</b> resident agent is: <b>Kenneth Trinqu</b>		
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) _____		
<i>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.</i>		
Name of Authorized Person of the Limited Liability Company <b>Kenneth Trinqu, Sole Member</b>	Date <b>12/31/2021</b>	
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**      **STAMP**

**JAN 5 2022**      **11:47**

BY



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

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

