



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
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2022 APR 20 P 12:44

**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 001 680 845		2. Exact Name of the Limited Liability Company ANNISTON LEASING 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 178 BROADWAY			
City/Town PROV		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Michael Riley			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 35 GLOSSUP ST			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02908
6. The name of the <b>NEW</b> resident agent is: ANN MARIE DE COSTA			
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 Lawrence E DeCristofano Jr			Date 4/20/22
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

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BY