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 BUS SVCS DIV  
 2022 JUL - 7 PM 12:00

**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<br><b>000149533</b>  | 2. Exact Name of the Limited Liability Company<br><b>Hunt River Condominium Association LLC</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>5804 Post Road</b>   |   |
| City/Town <b>WARWICK</b>   | State <b>RHODE ISLAND</b> Zip <b>02818</b>  |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>MARK CATANZARO</b>   |   |
| 5. The address of the <b>NEW</b> resident office is:   |   |
| Street Address (NOT a P.O. Box) <b>Same: 5804 Post Road</b>  |   |
| City/Town <b>WARWICK</b>   | State <b>RHODE ISLAND</b> Zip <b>02818</b>  |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>DAVID ADAM BOAZ</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<br><b>Cheryl A. Gentile</b>   | Date<br><b>6/25/2022</b>  |
| Signature of Authorized Person of the Limited Liability Company<br><i>Cheryl A. Gentile</i>  |   |

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

**FILED** 1200  
**JUL 07 2022**  
 BY *MS MWETZ*