



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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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 1685529		2. Exact Name of the Limited Liability Company Gooseneck WIT, 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 78 Kenwood Street			
City/Town Cranston		State <b>RHODE ISLAND</b>	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: LaPlante Sowa Goldman			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 7405 Post Rd			
City/Town North Kingstown		State <b>RHODE ISLAND</b>	Zip 02852
6. The name of the <b>NEW</b> resident agent is: Robert E. Craven, Esq.			
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 Liana Buonanno			Date 01/24/2023
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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JAN 25 2023

BY 6759A