



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

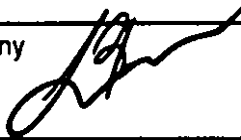
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN 25 A 10:09

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 PRESENTLY shown in the records on file with the RI Department of State: Street Address 78 Kenwood Street		
City/Town Cranston	State RHODE ISLAND	Zip 02907
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: LaPlante Sowa Goldman		
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 7405 Post Rd		
City/Town North Kingstown	State RHODE ISLAND	Zip 02852
6. The name of the NEW resident agent is: Robert E. Craven, Esq.		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY ☒ Date received (Upon filing) ☐ 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

FILED 1009

JAN 25 2023

BY 6759A