



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

### Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company *ADDRESS*

2023 FEB -2 PM 2:46

→ 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 <i>001679487</i>		2. Exact Name of the Limited Liability Company <i>AG Electric of New England LLC</i>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>65 Thurston St</i>			
City/Town <i>Riverside</i>	State <b>RHODE ISLAND</b>	Zip <i>02915</i>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <i>Anilton Garcia</i>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <i>6 Jennifer Ln</i>			
City/Town <i>North Smithfield</i>	State <b>RHODE ISLAND</b>	Zip <i>02896</i>	
6. The name of the NEW resident agent is: <i>Anilton Garcia</i>			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<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 <i>Anilton Garcia</i>			Date
Signature of Authorized Person of the Limited Liability Company <i>Anilton Garcia</i>			

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 *[Signature]*

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