



**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00 *NO fee*

**STAMP**

FOR  
 STATE OF RHODE ISLAND  
 DEPT. OF STATE

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 <b>001748592</b>		2. Exact Name of the Limited Liability Company <b>DAILY RT HOMEMADE DONUTS LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>14 YORK STREET APT. 2</b>			
City/Town <b>FALL RIVER</b>		State <b>RHODE ISLAND</b>	Zip <b>02721</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>LYPHENG SENG</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>440 GILBERT STUART ROAD</b>			
City/Town <b>SAUNDERSTOWN</b>		State <b>RHODE ISLAND</b>	Zip <b>02874</b>
6. The name of the NEW resident agent is: <b>LOUIS A. GABRIELE JR CPA</b>			
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) _____			
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 <b>LOUIS A. GABRIELE JR CPA</b>			Date <b>2/7/23</b>
Signature of Authorized Person of the Limited Liability Company <i>Louis A. Gabriele Jr CPA</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

**FILED**

**FEB 10 2023**  
**BY A.A. 1:04pm.**

2023 FEB 10 PM 1:04  
 RECEIVED  
 DEPT. OF STATE  
 BUS. SACS DIV.

**STAMP**