



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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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 000148542	2. Exact Name of the Limited Liability Company SOULE BROTHERS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address NK CHICAGO PIZZA - 7673 POST ROAD		
City/Town NORTH KINGSTOWN	State RHODE ISLAND	Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: THOMAS M SOULE		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 113 GREENWOOD DRIVE		
City/Town SOUTH KINGSTOWN	State RHODE ISLAND	Zip 02879
6. The name of the NEW resident agent is: RICHARD SOULE		
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 RICHARD SOULE		Date ✓ 4-9-23
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

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BY
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