



State of Rhode Island

Department of State - Business Services Division

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


Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

2023 APR 17 PM 12:39

→ Filing Fee: \$20.00

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 000791367		2. Exact Name of the Limited Liability Company 52-54 School St., LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 20 MOWRY STREET			
City/Town Harrisville		State RHODE ISLAND	Zip 02830
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JESSICA ISNARDI			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 78 Kenwood Street			
City/Town Cranston		State RHODE ISLAND	Zip 02907
6. The name of the NEW resident agent is: LaPlante Sowa Goldman			
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 Nelson Sun			Date 4/10/2023
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

APR 17 2023

BY JAVW
A.A. 12:45 PM