



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 APR 19 PM 1:16
STAMP
SECRETARY OF STATE
USE ONLY

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 001708940	2. Exact Name of the Limited Liability Company HAVS 001, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 275 WEST NATICK Rd, STE 500		
City/Town WARWICK	State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: SHERI L. MONTECALVO, ESQ.		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 81 GREST DRIVE		
City/Town ORANSTOWN	State RHODE ISLAND	Zip 02921
6. The name of the NEW resident agent is: ROBERT F. CALISE		
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 ROBERT F. CALISE		Date 4/15/2023
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

1:16pm
FILED
STAMP
APR 19 2023
BY **GP9 BR**