



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 MAY 22 PM 2:26

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ 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 001700744		2. Exact Name of the Limited Liability Company Life on the Hill, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 43 Broad Street, 2nd FL			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Maria Piro Fusaro, Esq.			
5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 85A Beach Street			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
6. The name of the NEW resident agent is: The Law Office of Maria Piro Fusaro, LLC			
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 Elizabeth Geiger		Date 5.18.23	
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 STAMP
MAY 22 2023
BY AL 2637