



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
RI DEPT. OF STATE
BUS SVCS DIV
2023 JUN - 1 PM 12:05

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 001683029		2. Exact Name of the Limited Liability Company Keegan Works LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 36 Highland rd			
City/Town Charlestown		State RHODE ISLAND	Zip 02813
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Angelo Cicchiello			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 47 Wood Ave. Suite 2			
City/Town Barrington		State RHODE ISLAND	Zip 02806
6. The name of the NEW resident agent is: Registered Agent Inc.			
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 Mark Keegan			Date 05/31/2023
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
JUN 1 2023
BY 926T-1

STAMP
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