



State of Rhode Island

Department of State - Business Services Division

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I. DEPT. OF STATE  
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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 001680062		2. Exact Name of the Limited Liability Company MBN, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 141 POWER ROAD, SUITE 106			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: MARK P. WELCH, ESQ.			
5. The address of the <b>NEW</b> resident office is Street Address (NOT a P.O. Box) 650 GEORGE WASHINGTON HWY., STE 200			
City/Town LINCOLN		State RHODE ISLAND	Zip 02865
6. The name of the <b>NEW</b> resident agent is JOSEPH RAHEB, ESQ.			
7. Date when this Statement of Change of Resident Agent will be effective <b>CHECK ONE BOX ONLY</b> <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 FREDERICK A. BELLOWS, III			Date 8/28/2023
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

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SEP 22 2023  
BY 