



**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RIDOS BSD  
 23 OCT 16 PM 2:39:39

## 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 001730426	2. Exact Name of the Limited Liability Company Providence Street, 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 <del>651 Putnam Pike</del> <b>36 Smith Ave</b>		
City/Town Greenville	State <b>RHODE ISLAND</b>	Zip 02828
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Jonathan L. Ucran, CPA		
5. The address of the <b>NEW</b> resident office is:		
Street Address (NOT a P.O. Box) 9 Thurber Blvd., Suite D		
City/Town Smithfield	State <b>RHODE ISLAND</b>	Zip 02917
6. The name of the <b>NEW</b> resident agent is: Richard W. Nicholson, 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 Carla Menard		Date 10.11.2023
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](http://www.sos.ri.gov)

**FILED**

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**OCT 16 2023**

BY ZE69Q  
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