



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUSINESS DIVISION
FOR
SECRETARY OF STATE
2023 DEC -04 A 11:57

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 001755834		2. Exact Name of the Limited Liability Company LONGMEADOW ASSOCIATES LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2 BURNETT RD			
City/Town WARWICK		State RHODE ISLAND	Zip 02889
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MICHAEL CAPUANO			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 212 TIFFANY AVE			
City/Town WARWICK RI 02889		State RHODE ISLAND	Zip 02889
6. The name of the NEW resident agent is: JASON P. WHITE			
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 JASON P. WHITE			Date 12/04/2023
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 1P
DEC 04 2023
BY ML VIA KP

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