



State of Rhode Island
Department of State - Business Services Division

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RI DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 DEC 19 PM 2:10
STAMP

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 1336534	2. Exact Name of the Limited Liability Company 371 Richmond Street LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 194 Waterman Street		
City/Town Providence	State RHODE ISLAND	Zip 02906
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Peter D'Amico		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 101 Weybosset, Suite 800		
City/Town Providence	State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: Jeffrey Knisley c/o Roberts, Carroll, Feldstein & Pierce		
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 Dmitry - Daniel Figotin		Date 11/11/2023
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

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BY **IN AB2**