



State of Rhode Island  
 Department of State - Business Services Division

REC'D RIDOS BSD  
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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 001657040		2. Exact Name of the Limited Liability Company ALPHA 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 7454 Post Road			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Law Office of Gregory B. Blasbalg, LLC			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 2154 Broad St			
City/Town Cranston		State RHODE ISLAND	Zip 02905-
6. The name of the NEW resident agent is: Amie Plante			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Amie Plante			Date 12/20/23
Signature of Authorized Person of the Limited Liability Company Amie Plante			

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

WRB FILED 243  
 DEC 26 2023  
 BY 1032