



**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 001717126		2. Exact Name of the Limited Liability Company John McGonigle MD, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 135 Sayles Ave			
City/Town East Providence	State RHODE ISLAND	Zip 02914	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Meghan Schaffer			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 1364 Smith Street			
City/Town North Providence	State RHODE ISLAND	Zip 02911	
6. The name of the NEW resident agent is: Barrows Greenfield & Co., Inc.			
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 John McGonigle			Date Nov 27 '23
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 DIMAN