



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDG BSD  
 24 JAN 16 PM 1:04:28

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$2000~~  
*NO Fee*

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 <b>001762415</b>	2. Exact Name of the Limited Liability Company <b>146 Main Street, LLC</b>
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 <b>250 Soares Drive</b>	
City/Town <b>Portsmouth</b>	State <b>RHODE ISLAND</b> Zip <b>02871</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Elena Gaudette</b>	
5. The address of the <b>NEW</b> resident office is:	
Street Address ( <u>NOT</u> a P.O. Box) <b>240 Soares Drive</b>	
City/Town <b>Portsmouth</b>	State <b>RHODE ISLAND</b> Zip <b>02871</b>
6. The name of the <b>NEW</b> resident agent is: <b>Elena Gaudette</b>	
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) _____	
<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 <b>Elena Gaudette</b>	Date <b>1/11/2024</b>
Signature of Authorized Person of the Limited Liability Company <i>Elena Gaudette</i>	

**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**  
**JAN 16 2024** *1:04*  
**BY SGY CS**  
*A*



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

January 16, 2024 01:04 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

