



State of Rhode Island  
Department of State - Business Services Division

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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 001004651		2. Exact Name of the Limited Liability Company MOONSTONE MANAGEMENT GROUP LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 24 SALT POND ROAD, SUITE C4			
City/Town SOUTH KINGSTOWN		State RHODE ISLAND	Zip 02879
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: PAUL C. HANSEN			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 64 CHURCH STREET UNIT #3			
City/Town WARREN		State RHODE ISLAND	Zip 02885
6. The name of the NEW resident agent is: THOMAS P KILEY CPA			
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 PAUL C HANSEN			Date 01/23/2024
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

JAN 23 2024

BY ml XVCmq

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