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24 JAN 29 PM 4:23:47State of Rhode Island  
Department of State - Business Services Division

## 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 001750459		2. Exact Name of the Limited Liability Company The Five RI LLC	
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 9 Carlo Ct 222 Jefferson Blvd Suite 200			
City/Town Cranston Warwick		State RHODE ISLAND	Zip 02921 02888
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: United States Corporations Agents, INC			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 9 Carlo Ct			
City/Town Cranston		State RHODE ISLAND	Zip 02921
6. The name of the <b>NEW</b> resident agent is: Lauren Corvese			
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)			
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 Lauren Corvese			Date 1/18/24
Signature of Authorized Person of the Limited Liability Company Lauren Corvese			

## 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 29 2024 4:23  
BY CT45A  
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