



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 001719560		2. Exact Name of the Limited Liability Company Shiv Thurston 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 202 Thames Street			
City/Town Newport	State RHODE ISLAND	Zip 02840	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Shiv Jayesh Patel			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 17 Hollow Ridge Road			
City/Town Rumford	State RHODE ISLAND	Zip 02916	
6. The name of the <b>NEW</b> resident agent is: James A. Briden			
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 Shiv Jayesh Patel			Date 1-19-2024
Signature of Authorized Person of the Limited Liability Company <i>Shiv Jayesh Patel</i>			

Shiv  
Patel

**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 4:16  
JAN 29 2024  
STA: P  
BY HS3kd