RI SOS Filing Number: 202445276970 Date: 2/1/2024 1:08:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

**Statement of Change of Agent** 

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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•	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001671353	Angelone LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3010 Post Road Unit 2			
City/Town Warwick		State RHODE ISLAND	<sup>Zip</sup> 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Christina Angelone-Gatteri			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 3010 Post Road Unit 2			
City/Town Warwick		RHODE ISLAND	<sup>Zip</sup> 02886
6. The name of the NEW resident agent is:			
Daniel R. Angelone			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☑ Date received (Upon filing)			
Later effective date (Date must be по 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			Date
Daniel R. Angelone			1/12/2024
Signature of Authorized Person of the Limited Liability Company			
THUT T			

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** 

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FORM 642 - Revised: 01/2024