



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~~

*no Fee*

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R.I. DEPT. OF STATE  
BUS SVCS DIV.

2024 FEB 15 P 1:04

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<br><b>001700584</b>                                                                                                                                                                         | 2. Exact Name of the Limited Liability Company<br><b>GREENE COURT 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:<br>Street Address <b>6B Coastal Court</b>                                               |                                                                           |                           |
| City/Town<br><b>Westerly</b>                                                                                                                                                                                    | State<br><b>RHODE ISLAND</b>                                              | Zip<br><b>02891</b>       |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Bradley St Vincent</b>                                                                |                                                                           |                           |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>4B Coastal Court</b>                                                                                         |                                                                           |                           |
| City/Town<br><b>Westerly</b>                                                                                                                                                                                    | State<br><b>RHODE ISLAND</b>                                              | Zip<br><b>02891</b>       |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Bradley St Vincent</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) _____                                                                                                 |                                                                           |                           |
| 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<br><b>Bradley St Vincent</b>                                                                                                                         |                                                                           | Date<br><b>02/13/2024</b> |
| Signature of Authorized Person of the Limited Liability Company<br><i>Bradley St Vincent</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](http://www.sos.ri.gov)

**FILED**

**FEB 15 2024**

*1.04*

BY \_\_\_\_\_

*ARL*



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:

February 15, 2024 01:04 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

