



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

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 001769103		2. Exact Name of the Limited Liability Company Trinalaya, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 30 Oaklawn Ave, APT 102			
City/Town Cranston		State RHODE ISLAND	Zip 02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Lingesh Parameswaran			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 30 Oaklawn Ave APT 102			
City/Town Cranston		State RHODE ISLAND	Zip 02920
6. The name of the NEW resident agent is: Dayalini Lingesh			
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) _____			
<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 Dayalini Lingesh			Date 02/29/2024
Signature of Authorized Person of the Limited Liability Company <i>Dayalini Lingesh</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

FILED
FEB 29 2024 11:46 am
BY LKS 867DE