



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAR 13 PM 1:07:35

Statement of Change of Agent
DOMESTIC or FOREIGN **LLC**

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL **7-16-11**, the undersigned **LLC** submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001732843		2. Exact Name of the LLC CHABRA, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 70 JEFFERSON BLVD., UNIT 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: SEAN D. ELLIOT			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 485 CHAPEL ST			
City/Town HARRISVILLE		State RHODE ISLAND	Zip 02830
6. The name of the NEW registered agent is: KENNETH D. MARCOTTE			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the LLC and that all statements contained herein are true and correct.			
Name of Authorized person of the LLC KENNETH D. MARCOTTE			Date 3/11/24
Signature of Authorized person of the LLC 			

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
MAR 13 2024
BY ML WN KCE

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