



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES B.S. DIV.
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FOR SECRETARY OF STATE
USE ONLY

Statement of Change of Registered Agent

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000049769		2. Exact Name of the Partnership SCITUATE VISTA ASSOCIATES	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1414 ATWOOD AVENUE			
City/Town JOHNSTON	State RHODE ISLAND	Zip Code 02919	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: NA			
5. The address of the NEW registered agent is:			
Street Address (NOT a P.O. Box) 1414 Atwood Avenue			
City/Town Johnston	State RHODE ISLAND	Zip Code 02919	
6. The name of the NEW registered agent is: Angelo Marocco			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Partnership, and that all statements contained herein are true and correct.</i>			
Name of a General Partner or Authorized Representative Kelly Coates		Date 03/18/2024	
Signature of General Partner or Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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MAR 18 2024 3:07 PM
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BY: