Statement of Change of Agent ROOWS  DOMESTIC or FOREIGN Limited Liability Company			
→ Filing Fee: \$2000 \range \tag{\gamma}	10 fec	-	D RIDOS R 21 PKI
Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited	· · · · · · · · · · · · · · · · · · ·	
001695719	Rhode Island Safety Training LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 92 Follett Street			
City/Town North Smithfield		State RHODE ISLAND	<sup>Zip</sup> 02896
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Jonathan Murray			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 20 McIntosh Lane			
City/Town Harrisville		State RHODE ISLAND	<sup>Zip</sup> 02830
6. The name of the <b>NEW</b> resident agent is:			
Jonathan Murray			
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 no more than 90 days from the date of filing)			
	clare and affirm that I have exa d that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Jonathan Murray			03/15/2024
Signature of Authorized Person of the Limited Liability Company			

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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