



State of Rhode Island  
Department of State - Business Services Division

REC'D RHODE ISD  
MAR 28 AM 9:45:59

## Statement of Change of Agent

DOMESTIC or FOREIGN **LLC**

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL **7-10-11** 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 <b>001749401</b>		2. Exact Name of the <b>LLC</b> <b>TMG - Pasta Patch LLC</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>188 Valley Street, Suite 240</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02909</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Erica H. Guatieri</b>			
5. The address of the <b>NEW</b> registered office is:			
Street Address ( <b>NOT</b> a P.O. Box) <b>300 Centerville Road, Suite 300W</b>			
City/Town <b>Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02886</b>
6. The name of the <b>NEW</b> registered agent is: <b>Sanford J. Resnick, Esq.</b>			
7. Date when this Statement of Change of Registered 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 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 <b>LLC</b> and that all statements contained herein are true and correct.			
Name of Authorized <b>person of the LLC</b> <b>Thomas J. Martucci</b>			Date <b>03/27/2024</b>
Signature of Authorized <b>person of the LLC</b> 			

### 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

MAR 28 2024

BY ML 99GDX

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