



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

Business Corporation
7-1-2-502 or 7-1-2-14 09

REC'D RIDOS BSD
24 MAR 28 PM 2:32:38

Pursuant to the provisions of RIGL ~~7-1-2-502~~ 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 1682275	2. Exact Name of the Limited Liability Company <i>Corporation</i> Quonnie Oyster Company Inc
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <i>P.O. Box 721 50 Power Road 2nd Fl.</i>	
City/Town <i>Wakefield Pawtucket</i>	State RHODE ISLAND Zip <i>02880 02860</i>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Corey J Allard, Esq	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) <i>887 Boston Neck Road</i>	
City/Town <i>Narragansett</i>	State RHODE ISLAND Zip <i>02882</i>
6. The name of the NEW resident agent is: Donald J Lally Jr Esq	
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) _____	
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.	
Name of Authorized Person of the Limited Liability Company <i>Corporation</i> Jennifer Scappatura	Date 03-22-24
Signature of Authorized Person of the Limited Liability Company <i>Corporation</i> <i>[Signature]</i>	

FILED

MAR 28 2024

BY *8573* *2132*
[Signature]

MAIL TO:
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