



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 12 PM 11:53:05

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 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 001715709	2. Exact Name of the Limited Liability Company NIBBLER ON THE ROOF LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 648 SNAKE HILL ROAD			
City/Town NORTH SCITUATE	State RHODE ISLAND	Zip 02857	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: DEENA MONTANEZ			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 384 RIVER AVE.			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02908	
6. The name of the NEW resident agent is: DEENA GUTTIN			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company DEENA GUTTIN			Date 04/01/2024
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.n.gov

MB FILED *1153*
APR 12 2024
BY *MB JGA*