

STATEMENT OF RESIGNATION OF REGISTERED AGENT

1. ENTITY NAME: SHORELINE FACILITIES SOLUTIONS, LLC ENTITY ID# 001763321

2. REGISTERED AGENT NAME: JILL M. SANTIAGO, ESQ.

3. STATEMENT OF RESIGNATION:

By the signature appearing below, the registered agent hereby resigns from the appointment as registered agent for the entity named above. The appointment as registered agent terminates (the resignation is effective) as of the thirty-first day after the date on which the Registered Agent Resignation is received by the state under whose jurisdiction the entity conducts business or upon appointment of a new registered agent, whichever is earlier.

4. NAME AND ADDRESS OF THE PERSON AT THE COMPANY THAT THE REGISTERED AGENT WILL SEND THEIR NOTICE OF RESIGNATION TO:
ANTONIO PORTUNATO, 128 OAK STREET, WESTERLY, RI 02891

5. DATE: 4/3/2024

6. SIGNATURE OF REGISTERED AGENT: _____

JILL M. SANTIAGO

873 Warwick Ave.
Warwick RI 02888

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State of Rhode Island

Department of State | Business Services Division

Gregg M. Amore, Secretary of State

April 12, 2024

SHORELINE FACILITIES SOLUTIONS, LLC
128 OAK STREET
WESTERLY, RI 02891

RE: Entity ID# 001763321
SHORELINE FACILITIES SOLUTIONS, LLC

Dear Sir or Madam:

This is to notify you that this office received on April 8, 2024 the resignation of Jill M. Santiago, Esq. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Statement of Change of Resident Agent form with this office within the next 30 days.

To file a Change of Resident Agent form online visit www.sos.ri.gov/divisions/business-services. Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp_pin@sos.ri.gov

If you prefer to use cash or check, visit www.sos.ri.gov/divisions/business-services to download Form 642. You can mail the form to us with your payment or visit our office to file in person.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese
Deputy Director of Business Services