



State of Rhode Island
Department of State - Business Services Division

2024 APR 23 PM 2:02
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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 001719613		2. Exact Name of the Limited Liability Company SUPPLY Dental Paulino LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 116 Evelyn St			
City/Town Providence	State RHODE ISLAND	Zip 02902	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Evelyn Maria Paulino Aracena			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 900 Douglas Ave			
City/Town Pro.	State RHODE ISLAND	Zip 02908	
6. The name of the NEW resident agent is: Eddy Almonte			
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 Eddy D. Almonte			Date 4/23/24
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

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