



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 23 AM 11:54:33

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of ~~RI~~ 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 001682513	2. Exact Name of the Limited Liability Company Cable Consultation and Therapy Services, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 17 Auburn Street	
City/Town Pawtucket	State RHODE ISLAND Zip 02860
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Robert Cable	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 1029 Boston Neck Road Unit 11	
City/Town Narragansett	State RHODE ISLAND Zip 02882
6. The name of the NEW resident agent is: Betsy Singer Cable	
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 Betsy Singer Cable	Date 4/18/2024
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.ri.gov

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