



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
24 APR 24 PM 1:43:15

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 001100137	2. Exact Name of the Limited Liability Company TAMBRY REALTY, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 132 OLD RIVER ROAD, SUITE 205	
City/Town LINCOLN	State RHODE ISLAND Zip 02865
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MARK S. KRIEGER, ESQ.	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 133 WHITE BIRCH CIRCLE	
City/Town HOPE	State RHODE ISLAND Zip 02831
6. The name of the NEW resident agent is: TAMMY BEAGAN	
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 BRYAN F. BEAGAN	Date 4/22/24
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

FILED

APR 24 2024

BY 8JRM

A.R.