



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USA ONLY

Statement of Change of Registered Agent

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000092699		2. Exact Name of the Partnership CAVANAGH FAMILY LIMITED PARTNERSHIP	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 62 WHITE PINE DRIVE			
City/Town NORTH SCITUATE		State RHODE ISLAND	Zip Code 02857
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: PAUL A. CAVANAGH			
5. The address of the NEW registered agent is:			
Street Address (<u>NOT</u> a P.O. Box) 211 George Allen Road			
City/Town Chepachet		State RHODE ISLAND	Zip Code 02814
6. The name of the NEW registered agent is: Mark J. Cavanagh			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner or Authorized Representative Mark J. Cavanagh			Date 04/19/2024
Signature of General Partner or Authorized Representative 			

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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