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24 APR 29 PM 3:42:18

**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<br><b>000543319</b>   |  | 2. Exact Name of the Limited Liability Company<br><b>McBrides Pub LLC</b> |                        |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |  |   |                        |
| Street Address<br><b>1161 Wayland Avenue</b>  |  |   |                        |
| City/Town<br><b>Providence</b>  |  | State<br><b>RHODE ISLAND</b>  | Zip<br><b>02906</b>    |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Robert M. Russell</b>   |  |   |                        |
| 5. The address of the <b>NEW</b> resident office is:  |  |   |                        |
| Street Address (NOI a P.O. Box)<br><b>1161 Wayland Avenue</b>   |  |   |                        |
| City/Town<br><b>Providence</b>  |  | State<br><b>RHODE ISLAND</b>  | Zip<br><b>02906</b>    |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Jennifer L. Monastessr</b>   |  |   |                        |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |  |   |                        |
| <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<br><b>Robert Russell</b>   |  |   | Date<br><b>4/24/24</b> |
| Signature of Authorized Person of the Limited Liability Company<br><i>[Handwritten Signature]</i>   |  |   |                        |

**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 3:42**

**APR 29 2024**

**BY 88R6N**

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