



State of Rhode Island  
Department of State - Business Services Division

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**Statement of Change of Agent**

DOMESTIC or FOREIGN ~~Business Corporation~~ LLC

→ Filing Fee: \$20.00

LLC  
7-16-11

Pursuant to the provisions of RIGL ~~7-1.2-502~~ or ~~7-1.2-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|                                                                                                                                                                                                     |  |                                                                          |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|-----------------------|
| 1. Entity ID Number<br><b>001691984</b>                                                                                                                                                             |  | 2. Exact Name of the Corporation <u>LLC</u><br><b>LCR Properties LLC</b> |                       |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:<br>Street Address<br><b>177 WASHINGTON Rd, Apt 2</b>                             |  |                                                                          |                       |
| City/Town<br><b>BARRINGTON</b>                                                                                                                                                                      |  | State<br><b>RHODE ISLAND</b>                                             | Zip<br><b>02806</b>   |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:<br><b>Lynelia E. Raposo</b>                                                          |  |                                                                          |                       |
| 5. The address of the NEW registered office is:<br>Street Address (NOT a P.O. Box)<br><b>6 STATE ST.</b>                                                                                            |  |                                                                          |                       |
| City/Town<br><b>WARREN</b>                                                                                                                                                                          |  | State<br><b>RHODE ISLAND</b>                                             | Zip<br><b>02885</b>   |
| 6. The name of the NEW registered agent is:<br><b>Joseph B. Farmer</b>                                                                                                                              |  |                                                                          |                       |
| 7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____                                                                                     |  |                                                                          |                       |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |  |                                                                          |                       |
| Name of Authorized Officer of the Corporation <u>LLC</u><br><b>Lynelia E. Raposo</b>                                                                                                                |  |                                                                          | Date<br><b>5.7.24</b> |
| Signature of Authorized Officer of the Corporation <u>LLC</u><br><i>Lynelia Raposo</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**  
MAY 07 2024  
BY 16919  
AA. 12:00 pm.

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