



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
MAY 13 PM 3:17:57

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 000116538 | 2. Exact Name of the Limited Liability Company Harbor Group Home, LLC |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | |
| Street Address 6 Briarwood Drive | |
| City/Town Barrington | State RHODE ISLAND |
| Zip 02801 | |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Alan Doyle | |
| 5. The address of the NEW resident office is: | |
| Street Address (NOT a P.O. Box) 491 Chestnut Hill Road | |
| City/Town Wakefield | State RHODE ISLAND |
| Zip 02879 | |
| 6. The name of the NEW resident agent is: Kerry Doyle | |
| 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 Alan Doyle | Date May 8, 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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BY 107 AA.
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