



State of Rhode Island
Department of State - Business Services Division

RECORDED
RIS005 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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