



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	2. Exact Name of the Partnership		
000083289	Gillan 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 174 Allston Ave			
City/Town Middletown		State RHODE ISLAND	Zip Code 02842
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Lurleen G. Dillman			
5. The address of the NEW registered agent is:			
Street Address (NOT a P.O. Box) 27 Seacrest Dr			
City/Town Portsmouth		State RHODE ISLAND	Zip Code 02871
6. The name of the NEW registered agent is:			
Susan A. Collins			
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			Date
David H. Dillman			5/13/2024
Signature of General Partifer 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 **FILED**