



State of Rhode Island
Department of State - Business Services Division

10:00AM

MAY 28 2024 02

4380

RECEIVED
STATE
SECRETARY OF
CORPORATIONS DIV
2024 MAY 28 AM 10:00

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 1756179		2. Exact Name of the Limited Liability Company Cravings RI LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 584 Church Avenue			
City/Town Warwick	State RHODE ISLAND	Zip 02889	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Nicole Newsham			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 222 Jefferson Blvd Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
6. The name of the NEW resident agent is: United States Corporation Agents Inc			
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 Nicole Newsham			Date 5/16/24
Signature of Authorized Person of the Limited Liability Company Nicole Newsham			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov