



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2024 MAY 28 AM 11:32

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 001712392		2. Exact Name of the Limited Liability Company SHED WITH JOLE LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 154 Gention Ave			
City/Town Providence RI 02908	State RHODE ISLAND	Zip 02908	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JAMES WARDICK			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1454 MAINT ST			
City/Town West Warwick	State RHODE ISLAND	Zip 02893	
6. The name of the NEW resident agent is: JOCELYN TRAVERS			
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 JOCELYN TRAVERS			Date 5/22/2024
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

FILED
MAY 28 2024 11:36
BY ZGN29
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FORM 642 - Revised 01/2024