



State of Rhode Island
Department of State - Business Services Division

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:

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SECRETARY OF STATE
CORPORATION DIVISION
2024 JUN 12 PM 2:12
2024 JUL - 1 AM 11:23
SECRETARY OF STATE
CORPORATION DIVISION

1. Entity ID Number 001765505		2. Exact Name of the Limited Liability Company VIYAN LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 558 Admiral St			
City/Town Providence		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: Dipenkumar Patel			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 84 Oak St			
City/Town Westerly		State RHODE ISLAND	Zip 02891
6. The name of the NEW resident agent is: Robert Ritacco			
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 Pankajkumar Patel			Date 06 01 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
JUL 01 2024
BY: KGDPE
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