



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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|--|---|
| 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) _____ | |
| 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. | |
| 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

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