



State of Rhode Island
Department of State - Business Services Division

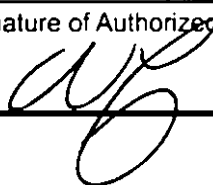
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Statement of Change of Agent

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 001701192		2. Exact Name of the Limited Liability Company B & N LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 15 LINCOLN DRIVE			
City/Town NORTH SMITHFIELD		State RHODE ISLAND	Zip 02896
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: WILLIAM FALLON			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 2067 MINERAL SPRING AVE			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02911
6. The name of the NEW resident agent is: RONALD DETHOMAS			
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 WILLIAM FALLON JR			Date 07/09/2024
Signature of Authorized Person of the Limited Liability Company 			

mf FILED 231

JUL 12 2024

BY HTEZX

MAIL TO:

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