RI SOS Filing Number: 202458537930 Date: 8/2/2024 12:37:00 PM



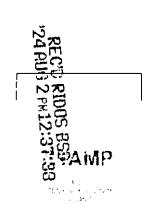
State of Rhode Island

**Department of State - Business Services Division** 

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee \$20.00



	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a		I
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001751156	Gansett28, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address 55 Vernon Street			
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Jesse Fitzmaurice			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 490 Woodruff Avenue			
City/Town Wakefield		RHODE ISLAND	<sup>Z<sub>ip</sub></sup> 02879
6. The name of the <b>NEW</b> resident agent is:			
Antonio L. Trubiano			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☑ Date received (Upon filing)			
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			Date
Nina Fitzmaurice, Member			7.30.24
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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