



State of Rhode Island  
Department of State - Business Services Division


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SECRETARY OF STATE  
CORPORATIONS DIVISION  
2024 AUG 19 AM 11:47

## 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<br>001712676  |                       | 2. Exact Name of the Limited Liability Company<br>Kerry Puniello Coaching, LLC |                      |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |                       |  |                      |
| Street Address 400 South Main Street  |                       |  |                      |
| City/Town<br>Providence   | State<br>RHODE ISLAND | Zip<br>02903   | 2024 AUG 30 AM 11:47 |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Joseph J. Reale, Jr.   |                       |  |                      |
| 5. The address of the <b>NEW</b> resident office is:  |                       |  |                      |
| Street Address (NOT a P.O. Box) 23 King Phillip Ave   |                       |  |                      |
| City/Town<br>Bristol  | State<br>RHODE ISLAND | Zip<br>02809   | 2024 AUG 30 AM 11:47 |
| 6. The name of the <b>NEW</b> resident agent is:<br>Kerry Puniello  |                       |  |                      |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |                       |  |                      |
| <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<br>Kerry Puniello  |                       | Date<br>8/14/24  |                      |
| Signature of Authorized Person of the Limited Liability Company<br>  |                       |  |                      |

### MAIL TO:

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

FILED STAMP  
AUG 30 2024  
BY LEPA-3  
AA. 10:51 AM  
FORM 642 - Revised: 4/2023