



State of Rhode Island
 Department of State - Business Services Division



Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

STAMP

RI SOS
 SECRETARY OF STATE
 USE ONLY

→ 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 001691781	2. Exact Name of the Limited Liability Company Russillo Realty LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address	
City/Town	State RHODE ISLAND Zip
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:	
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 1364 Smith Street	
City/Town North Providence	State RHODE ISLAND Zip 02911
6. The name of the NEW resident agent is: Barrows Greenfield & Co., Inc	
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 Justin Russillo	Date 10/18/24
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

FILED

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OCT 23 2024

BY L.A.H.C.A.

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