

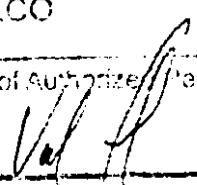
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 U.I. DEPT. OF STATE
 BUS SVCS DIV

2024 OCT 28 P 3:30

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-19-11, 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: 001729585		2. Exact Name of the Limited Liability Company Folco & Sons Development, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 536 ATWELLS AVENUE			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02909
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ROBERT A. D'AMICO II			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 833 WILLETT AVE			
City/Town RIVERSIDE		State RHODE ISLAND	Zip 02915
6. The name of the NEW resident agent is: ROBERT HASKELL			
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 30 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 VAL FOLCO			Date 10/21/24
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2818
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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