



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 OCT 30 AM 11:52:33

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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<br>001762561   |  | 2. Exact Name of the Limited Liability Company<br>D.U.C. Properties, LLC |                                  |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:   |  |  |                                  |
| Street Address 3227 Post Road  |  |  |                                  |
| City/Town South Kingstown  |  | State RHODE ISLAND   | Zip 02879                        |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:<br>Daniel U. Collins  |  |  |                                  |
| 5. The address of the NEW resident office is:  |  |  |                                  |
| Street Address (NOT a P.O. Box) 211 Quaker Lane, Suite 201   |  |  |                                  |
| City/Town West Warwick   |  | State RHODE ISLAND   | Zip 02893                        |
| 6. The name of the NEW resident agent is:<br>Orson and Brusini Ltd.  |  |  |                                  |
| 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<br>Daniel U. Collins  |  |  | Date<br>10/22/2024   8:30 AM EDT |
| 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

FILED

OCT 30 2024  
BY   
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