



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDGS BSD  
24 NOV 6 PM 12:30:00  
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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 001780346		2. Exact Name of the Limited Liability Company Squad5 Family Store LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 47 WOOD AVE, SUITE 2			
City/Town BARRINGTON	State RHODE ISLAND	Zip 02806	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: NORTHWEST REGISTERED AGENT LLC			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 15 Reynolds Ave			
City/Town North Providence	State RHODE ISLAND	Zip 02911	
6. The name of the NEW resident agent is: Saintelise Sans-Souci			
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) _____			
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 Saintelise Sans-Souci		Date 11/06/2024	
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

STAMP

12:30

FILED

NOV 06 2024 FORM 642 - Revised, 01/2024

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