

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of F following statement for the pur		imited liability company submit gent in the State of Rhode Isla	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001725381	6S, LLC		F ₀
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 650 Newpon	rt Avenue		
City/Town Pawtuket		State RHODE ISLAND	02861
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Mario J. Carneiro			
5. The address of the NEW resident office is:			
i ireet Address (<u>NOT</u> a P.O. Box)	Street		
VITOWN Riverside			
y/Town		RHODE ISLAND	02915
y/Town		RHODE ISLAND	02915
Riverside	dent agent is:	RHODE ISLAND	02915
Riverside The name of the NEW reside Crystal A	dent agent is:	RHODE ISLAND	02915
The name of the NEW reside	dent agent is: A C Kenna of Change of Resident Agent w	RHODE ISLAND	02915
The name of the NEW residence	dent agent is: A C Kenna of Change of Resident Agent w	RHODE ISLAND	02915
7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec	dent agent is: A C Lenna of Change of Resident Agent wing)	RHODE ISLAND will be effective: CHECK ONE In the date of filing) mined this Statement of Change	02915 BOX ONLY
The name of the NEW residence	dent agent is: A C Lenna of Change of Resident Agent wing) a must be no more than 90 day clare and affirm that I have exe	RHODE ISLAND will be effective: CHECK ONE Is the strength of the statement of Change the strue and correct.	02915 BOX ONLY
The name of the NEW residence	dent agent is: A C Lenna of Change of Resident Agent wing) e must be no more than 90 day clare and affirm that I have exe d that all statements contained f the Limited Liability Company	RHODE ISLAND will be effective: CHECK ONE Is the strength of the statement of Change the strue and correct.	BOX ONLY ge of Resident Agent by the

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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BY AXDJ7P