



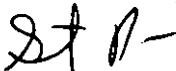
RECEIVED
RI DEPT OF STATE
BUS SVCS DIV
2024 NOV 14 A 10:57

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 000991855		2. Exact Name of the Limited Liability Company PUCCI, GREENE & FUSARO, L.L.C.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address TWO ELM STREET			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CHARLES SOLOVEITZIK			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 110 AIRPORT ROAD, SUITE 104			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
6. The name of the NEW resident agent is: STEWART T. PUCCI			
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 STEWART T. PUCCI			Date 11/11/2024
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

FILED

NOV 14 2024
BY 02859
AA-10.57AM