RI SOS Filing Number: 202461615740 Date: 12/13/2024 11:08:00 AM



State of Rhode Island
Department of State - Business Services Division

TECEIVES SECRETARY OF SHATE CURPORATIONS STAMP 2024 DEC 13 AM II: 07

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:		
Entity ID Number 2. Exact Name of the Limited	Liability Company	
001751564 The Gates	Network	LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 603 GLEAT ROAD		
City/Town NOEth Smithfold	State RHODE ISLAND	Zip 02896
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
Robert N. Chamberland		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 32 Summer Street		
0.7	<u>-</u>	
Woonsocket	RHODE ISLAND	zip 02895
6. The name of the NEW resident agent is:	RHODE ISLAND	zip 02895
	RHODE ISLAND	zip 02895
6. The name of the NEW resident agent is:	RHODE ISLAND	
6. The name of the NEW resident agent is: James Gillingha	RHODE ISLAND	
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6. The name of the NEW resident agent is: James Gillingha 7. Date when this Statement of Change of Resident Agent w Date received (Upon filing)	RHODE ISLAND will be effective: CHECK ONE Expressions the date of filing) winned this Statement of Change	BOX ONLY
6. The name of the NEW resident agent is: James Gilingha 7. Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have example of the name	RHODE ISLAND Fill be effective: CHECK ONE Expressions the date of filing) The mined this Statement of Change therein are true and correct.	ge of Resident Agent by the
6. The name of the NEW resident agent is: James Gilingha 7. Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained	rill be effective: CHECK ONE English from the date of filing) rmined this Statement of Change therein are true and correct.	ge of Resident Agent by the
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 18 2024 AMP
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