



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
**STAMP**  
2024 DEC 13 AM 11:07  
STATE OF RHODE ISLAND  
USE ONLY

**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 <b>001751564</b>		2. Exact Name of the Limited Liability Company <b>The Gates Network LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>603 Great Road</b>			
City/Town <b>North Smithfield</b>	State <b>RHODE ISLAND</b>	Zip <b>02896</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Robert N. Chamberland</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>32 Summer Street</b>			
City/Town <b>Woonsocket</b>	State <b>RHODE ISLAND</b>	Zip <b>02895</b>	
6. The name of the <b>NEW</b> resident agent is: <b>James Gillingham</b>			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 <b>James Gillingham</b>			Date <b>11/20/2024</b>
Signature of Authorized Person of the Limited Liability Company <b>James Gillingham</b>			

**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**  
**DEC 13 2024 STAMP**  
BY **40310**  
**11:08 AM**