

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS

**JAMES T. MARASCO**  
Attorney at Law

2025 JAN 14 AM 10:20

617 Smith Street  
Providence, Rhode Island 02908  
(401) 421-7500  
(401) 331-2300 fax

118 Point Judith Road  
Narragansett, Rhode Island 02882  
(401) 789-1800  
(401) 331-2300 fax

**STATEMENT OF RESIGNATION OF REGISTERED AGENT**

1. ENTITY NAME: Touch of Gina, LLC ID#001674753
2. REGISTERED AGENT NAME: JAMES T MARASCO, ESQ.
3. STATEMENT OF RESIGNATION:

By the signature appearing below, the registered agent hereby resigns from the appointment as registered agent for the entity above. The appointment as registered agent terminates as of the thirty-first day after the date on which the Registered Agent Resignation is received by the state under whose jurisdiction the entity conducts business or upon appointment of a new registered agent, whichever is earlier.

4. NAME AND ADDRESS OF THE PERSON AT THE COMPANY THAT THE REGISTERED AGENT WILL SEND THEIR NOTICE OF RESIGNATION TO:

Gina Barboza  
32 Timberland Drive  
Lincoln, RI 02865

5. DATE: JANUARY 6<sup>th</sup>, 2025
6. SIGNATURE OF REGISTERED AGENT:





State of Rhode Island  
**Department of State | Business Services Division**  
**Gregg M. Amore, Secretary of State**

January 17, 2025

TOUCH OF GINA, LLC  
32 TIMERLAND DRIVE  
LINCOLN, RI 02865

RE: Entity ID# 001674753  
TOUCH OF GINA, LLC

Dear Sir or Madam:

This is to notify you that this office received on JANUARY 14, 2025 the resignation of JAMES T. MARASCO, ESQ. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Statement of Change of Resident Agent form with this office within the next 30 days.

To file a Change of Resident Agent form online visit [www.sos.ri.gov/divisions/business-services](http://www.sos.ri.gov/divisions/business-services). Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at [corp\\_pin@sos.ri.gov](mailto:corp_pin@sos.ri.gov)

If you prefer to use cash or check, visit [www.sos.ri.gov/divisions/business-services](http://www.sos.ri.gov/divisions/business-services) to download Form 642. You can mail the form to us with your payment or visit our office to file in person.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese  
Deputy Director of Business Services