



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS  
25 FEB 4 2025 1:33:58

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|   |                       |  |  |
|---|-----------------------|--|--|
| 1. Entity ID Number<br>000123782  |                       | 2. Exact Name of the Corporation<br>Shanti Hospitality, Inc. |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |                       |  |  |
| Street Address 101 New London Avenue  |                       |  |  |
| City/Town<br>Cranston   | State<br>RHODE ISLAND | Zip<br>02920   |  |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Alfred A. Veltri, Esq.   |                       |  |  |
| 5. The address of the <b>NEW</b> registered office is:  |                       |  |  |
| Street Address (NOT a P.O. Box) 50 Power Road   |                       |  |  |
| City/Town<br>Pawtucket  | State<br>RHODE ISLAND | Zip<br>02860   |  |
| 6. The name of the <b>NEW</b> registered agent is:<br>Richard A. Pacia, Esq.  |                       |  |  |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |                       |  |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____                  |                       |  |  |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |                       |  |  |
| Name of Authorized Officer of the Corporation<br>Suresh M. Patel  |                       | Date<br>02/04/2025   |  |
| Signature of Authorized Officer of the Corporation<br><i>Suresh M. Patel</i>  |                       |  |  |

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

FEB 04 2025

BY *A7V7D*

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