State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

STAMP

FOR SECRETARY OF STATE USE ONLY

2025 FEB -3 PM 2:19

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	2. Exact Name of the Limited Liability Company
001687900	FINKELMAN REALTY CO LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address: CHACE RUTTENBERG + FREEDMAN LLP
ONE PARK ROW Suite 300

City/Town	State	Zip
Providence	RHODE ISLAND	02903

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

DREW KAPLAN

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box): 120 LAVAN ST

City/Town	State	Zip
WARWICK	RHODE ISLAND	02888

6. The name of the **NEW** resident agent is:

COREY FINKELMAN

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ 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	Date
ROY FINKELMAN, PRESIDENT	1/31/25

Signature of Authorized Person of the Limited Liability Company

Roy Finkelman

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

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