RI SOS Filing Number: 202564944620 Date: 2/13/2025 11:27:00 AM



State of Rhode Island **Department of State - Business Services Division**

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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

2025 FEB 13 AM 11: 27

Pursuant to the provisions of F following statement for the pur				
1. Entity ID Number	2. Exact Name of the Limited Liability Company			
001659276	27 Alden Ave. Properties LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 2379 POST ROAD, SVITE 105				
City/Town WARW/CK		State RHODE ISLAND	Zin 02886	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:				
Dante J. Giammarco				
5. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box) 1177 Greenwich Avenue				
City/Town Warwick		RHODE ISLAND	^{Zip} 02886	
6. The name of the NEW resident agent is: Joseph J. DeAngelis				
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				
PAYLA decaro-Copley 2/4/25			2/4/25	
Signature of Authorized Person of the Limited Liability Company				
Paula Odow-Coff				
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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 FILED 11:27

FEB 13 2025.

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