RI SOS Filing Number: 202565840840 Date: 2/27/2025 12:11:00 PM



25 FEB 27 PM 12:09:11

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

1. Entity ID Number	owing statement for the purpose of changing its resident agent in the State of Rhode Island:  Entity ID Number  2. Exact Name of the Limited Liability Company			
001664017		KG Enterprises, LLC		
. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
<del></del>	dent office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address 49 Buck	nam Road			
City/Town Wood River Jct.		State RHODE ISLAND	<sup>Zip</sup> 02894	
4. The name of the reside	nt agent as PRESENTLY shown i	n the records on file with the R	Department of State:	
Kevin J. Gilligan	•			
5. The address of the NE	W resident office is:		<u> </u>	
Street Address (NOT a P.O.	Box) 25 Pinehurst Drive			
City/Town Carolina		State RHODE ISLAND	<sup>Zip</sup> 02812	
6. The name of the <b>NEW</b>	resident agent is:	A		
Joseph H. Scott, Es	quire			
7. Date when this Statem	ent of Change of Resident Agent v	vill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upor			-	
· —	Date must be no more than 90 da	ys from the date of filing)		
	I declare and affirm that I have ex	amined this Statement of Chan d herein are true and correct.	ge of Resident Agent by the	
Under penalty of perjury, Limited Liability Company	r, and that all statements contained			
Limited Liability Company	<ul> <li>and that all statements contained on of the Limited Liability Compan</li> </ul>		Date	
Limited Liability Company			Date 05/04/2024	
Limited Liability Company Name of Authorized Pers Kevin J. Gilligan		y 		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FHED

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