



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

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 001750550	2. Exact Name of the Limited Liability Company The Brks Grp LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1140 Reservoir Avenue Suite 201 City/Town Cranston State RHODE ISLAND Zip 02920	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Robert A. Peretti, ESQ	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 500 Mendon Road Unit 220 City/Town Cumberland State RHODE ISLAND Zip 02864	
6. The name of the NEW resident agent is: Christopher R. Brooks	
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 Christopher R. Brooks	Date 2/27/2025
Signature of Authorized Person of the Limited Liability Company 	

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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

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BY PC/HM
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