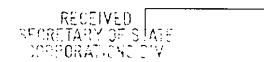
RI SOS Filing Number: 202566591110 Date: 3/5/2025 10:51:00 AM



State of Rhode Island Department of State - Business Services Division



2025 MAR -5 AM 10: 51

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-16-11</u> the undersigned I rpose of changing its resident a	imited liability company submagent in the State of Rhode Is	ilts the
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000131855	CHERYL A CICCONE LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ONE WORTHINGTON ROAD			
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:			
ANTHONY J CALIRI			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) ONE WORTHINGTON ROAD			
City/Town CRANSTON		State RHODE ISLAND	^{Zip} 02920
6. The name of the NEW resident agent is:			
RALPH J BARBIERI			
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			
CHERYL A CICCONE 3/3/25			
Signature of Authorized Person of the Limited Liability Company			
Cheryl A Ciano Menter			

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**

MAR 0 5 2025

* '