



State of Rhode Island
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATE AFFAIRS


Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

2025 MAR -6 PM 2:09

→ 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 001670248		2. Exact Name of the Limited Liability Company West Extension LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 55 Memorial Boulevard			
City/Town Newport	State RHODE ISLAND	Zip 02840	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Gregory Fater			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 49 Holland Street			
City/Town Newport	State RHODE ISLAND	Zip 02840	
6. The name of the NEW resident agent is: James Blumel			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 James Blumel		Date 3/05/2025	
Signature of Authorized Person of the Limited Liability Company 			

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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