



2025 HIR -6 PH 2: 09

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		, , ,	, ,
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000788424	Broadway Partners 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 (NOT 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			
✓ 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
James Blumel			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 FILED

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