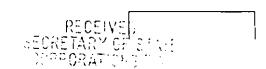
RI SOS Filing Number: 202567008220 Date: 3/11/2025 8:38:00 AM



## State of Rhode Island Department of State - Business Services Division



2025 MAR 11 AM 8: 38

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

1. Entity ID Number	2. Exact Name of the Limite	urpose of changing its resident agent in the State of Rhode Island:  2. Exact Name of the Limited Liability Company		
001704548	Shauna Green, LLC	Shauna Green, LLC		
3. The address of the res	sident office as PRESENTLY sho	wn in the records on file with the	RI Department of State.	
Street Address 235 Promenade Street Suite 475			, , , , , ,	
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02908	
4. The name of the resid	ent agent as PRESENTLY shown	in the records on file with the R	Department of State:	
Joseph M. Bassi, Es	q.			
5. The address of the NE			·. <del></del>	
Street Address ( <u>NOT</u> a P.O	. Box) 109 Airport Road Suite	3		
City/Town warwick		State RHODE ISLAND	<sup>Z<sub>ip</sub></sup> 02889	
6. The name of the <b>NEW</b>	resident agent is:		•	
Stephen T Gentile				
7. Date when this Statem	nent of Change of Resident Agent	t will be effective: CHECK ONE I	BOX ONLY	
✓ Date received (Upo)	n filing)		· · · · · · · · · · · · · · · · · · ·	
Later effective date	(Date must be no more than 90 d	lays from the date of filing)		
	I declare and affirm that I have e y, and that all statements contain		ge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company			Date	
David Spaziano			03/04/2025	
Signature of Authorized F	Person of the Limited Liability Cor	 უpany	<u> </u>	
1 /1				
10/10				

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 8:38

MAR 11 2025

FORM (A) Vic. #1 01 2024