



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

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DEPARTMENT OF STATE
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FOR
STATE DEPARTMENT OF STATE
USE ONLY

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 001662720	2. Exact Name of the Limited Liability Company 10 Prospect LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 197 Taunton Ave		
City/Town E. Prov.	State RHODE ISLAND	Zip 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: David N. Bazar, Esq., 197 Taunton Ave., E Prov, RI 02914		
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 426 E Shore Rd.		
City/Town Jamestown	State RHODE ISLAND	Zip 02835
6. The name of the NEW resident agent is: Stephen A. Evangelista		
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 Stephen A. Evangelista		Date 3-7-2025
Signature of Authorized Person of the Limited Liability Company <i>Stephen A. Evangelista</i>		

RI DOS MADE NON-SUBSTANTIVE EDITS

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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