RI SOS Filing Number: 202567314600 Date: 3/13/2025 2:21:00 PM



## State of Rhode Island



## **Statement of Change of Agent**

2025 MAR 13 PH 2: 21

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

7-1-2-802 or 7-1,2-1409

Pursuant to the provisions of RIG following statement for the purpos			
	2. Exact Name of the Limited Limited Company Corporation R.I. Artesian Well Inc		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 28 Allison Ave / 607 Great road			
City/Town North St	nithfield	State RHODE ISLAND	Zip1 028910
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Robert Chamberland c/o Chamberland & Co			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 110 Arnold Rd			
City/Town Coventry		State RHODE ISLAND	Zip 02816
6. The name of the <b>NEW</b> resident agent is: Judith Hetherman CPA			
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 declar Limited Liability Company, and th	at all statements contained	herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the L <del>imited Elability Company</del>			Date 3/10/25
Signature of Authorized Person of Bou	f the Limited Liability Comp	oration	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAR 1 3 2025

FORM 6 2 - Revised: 01/2024