State of Rhode Island
Department of State - Business Services Division

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CORPORATIONS DIV

2025 MAR 13 PM 2:21

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~ Inc

→ Filing Fee: $20.00

7-1-2-502 or 7-1,2-1409

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	2. Exact Name of the ~~Limited Liability Company~~ Corporation
000053824	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	State	Zip
North Smithfield	**RHODE ISLAND**	02896

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	State	Zip
Coventry	**RHODE ISLAND**	02816

6. The name of the **NEW** 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 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~~ corporation	Date
Lee Ann Bourque	3/10/25

Signature of Authorized Person of the ~~Limited Liability Company~~ corporation
Lee Ann Bourque

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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