



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company**

**Statement of Change of Address of the Resident Agent**

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the limited liability company is

K2 Group LLC

**SECTION II**

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

47 WOOD AVE. STE 2 BARRINGTON , RI 02806

**SECTION III**

The NEW address of the resident agent is:

No. and Street: 700 NARRAGANSETT PARK DR  
STE 100

City or Town: PAWTUCKET

State: RI Zip: 02861

**SECTION IV**

The change of address of the resident agent shall become effective upon the filing of this statement, or on 3/22/2025

(a date not prior to, nor more than 90 days after, filing this Statement)

**Signed this 21 Day of March, 2025 at 10:50:45 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

ROBIN JONES

Signature of Resident Agent

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 21, 2025 10:49 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

