



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

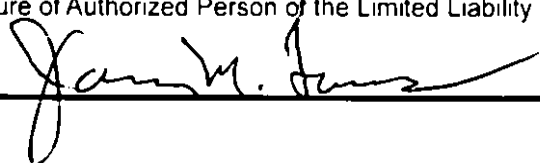
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE
BUS SVCS DIV.

2025 MAR 28 A 10:58

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 001680089	2. Exact Name of the Limited Liability Company MCJC, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State		
Street Address 56 Pine Street, 3rd Floor		
City/Town Providence	State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State John O. Mancini, Esq.		
5. The address of the NEW resident office is.		
Street Address (<u>NOT</u> a P.O. Box) 18 Maple Ave #232		
City/Town Barrington	State RHODE ISLAND	Zip 02806
6. The name of the NEW resident agent is JAMES TOWERS		
7. Date when this Statement of Change of Resident Agent will be effective. CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> 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 James Towers		Date 03/24/2025
Signature of Authorized Person of the Limited Liability Company 		

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**MAR 28 2025**

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