



**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RIDOS BSD  
 25 APR 4 AM 8:49:34

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001733266		2. Exact Name of the Limited Liability Company MOTHER & SON RI LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 1165 Elmwood Ave			
City/Town Providence		State RHODE ISLAND	Zip 02907
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Jose Taveras			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 6 Park Street			
City/Town Central Falls		State RHODE ISLAND	Zip 02863
6. The name of the <b>NEW</b> resident agent is: Brittany Banson			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 Brittany Banson			Date 4/3/25
Signature of Authorized Person of the Limited Liability Company B. Banson			

**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 8:52  
 APR-04-2025  
 BY SP38V  
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