



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

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 001748823		2. Exact Name of the Limited Liability Company Ally Bellani Maternity LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 24 Tern Rd			
City/Town Narragansett	State RHODE ISLAND	Zip 02882	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph R. Pelosi			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 1276 Bald Hill Rd, Ste 150			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
6. The name of the NEW resident agent is: Alexandria Souza			
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 Alexandria Souza		Date 4/1/2025	
Signature of Authorized Person of the Limited Liability Company Alexandria Souza			

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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