



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

~~Filing Fee: \$20.00~~

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

2025 APR 16 P 12:21

Pursuant to the provisions of RIGL 7-1 ~~6-5-1~~ or ~~7-1-1-400~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001741833		2. Exact Name of the Corporation MIKE BOISSONEAULT LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 109 AIRPORT RD SUITE 8			
City/Town WARWICK		State RHODE ISLAND	Zip 02889
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: RAYMOND ANDOLFO			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 300 MORGAN AVE			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
6. The name of the NEW registered agent is: DAVID CORSI			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation LLC MICHAEL BOISSONEAULT			Date 03.20.25
Signature of Authorized Officer of the Corporation LLC 			

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

APR 16 2025

BY **GF3A7**