



State of Rhode Island
Department of State - Business Services Division

148 W. River
Ste 1
PROV. RI 02904

RECEIVED
DEPT. OF STATE
BUS SVCS DIV

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

2025 APR 23 A 11:16

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 001722877		2. Exact Name of the Limited Liability Company RI She Shed LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address c/o Paul Ward 1130 Ten Rod Road Suite D302			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Paul Ward, Jr. Esq.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 74 W. Cove Drive			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
6. The name of the NEW resident agent is: Lesley Lederer			
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 Lesley Lederer			Date 4/20/2025
Signature of Authorized Person of the Limited Liability Company Lesley C Lederer			

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

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