



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 MAY 6 PM 12:18:52

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 001782639		2. Exact Name of the Limited Liability Company East Coast Kitchen & Bath, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 845 Oaklawn Ave, Suite 104			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Ronald Nobrega			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 926 Park Ave			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
6. The name of the NEW resident agent is: Iglioizzi & Reis Attention: John Reis			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ 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 Lynn Gaulin		Date 05/06/2025	
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

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MAY 06 2025

BY YDBCC