



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGESS
25 MAY 16 4:50:48:28
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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 001667126		2. Exact Name of the Limited Liability Company All-Brand New England LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 23 Blackmore St			
City/Town Warwick		State RHODE ISLAND	Zip 02818
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Cole Stewart			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 89 Meadow Rd			
City/Town North Providence		State RHODE ISLAND	Zip 02904
6. The name of the NEW resident agent is: Roy Nicotero			
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 Greg Miller			Date 5/15/25
Signature of Authorized Person of the Limited Liability Company Greg Miller			

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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MAY 16 2025

BY 149XC