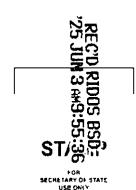
RI SOS Filing Number: 202574113780 Date: 6/3/2025 9:56:00 AM





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	Exact Name of the Limited Liability Company			
001696244	RIYANSH REALTY LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 1637 MINERAL SPRING AVENUE, SUITE 115				
City/Town NORTH PROVIDENCE		State RHODE ISLAND	^{Zip} 02904	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:				
"AGENT RESIGNED"				
5. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box) 700 NARRAGANSETT PARK DR STE 100				
City/Town PAWTUCKET		RHODE ISLAND	^{Zip} 02861	
6. The name of the NEW resident agent is:				
REGISTERED AGENTS INC				
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		Date		
MAULIKTA PATEL		05/28/2025		
Signature of Authorized Person of the Limited Liability Company				
MAULIK, TATATEL				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEDA9: \$6 A

BY 627KD