



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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2025 MAY 33 P 3: 38

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 001746654		2. Exact Name of the Limited Liability Company NEW ENGLAND SCHOOL OF BUSINESS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 12 CANAL STREET, UNIT 102			
City/Town WESTERLY		State RHODE ISLAND	Zip 06340
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JEANNINE HARRINGTON			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 12 CANAL STREET, UNIT 102			
City/Town WESTERLY		State RHODE ISLAND	Zip 06340
6. The name of the NEW resident agent is: WILLIAM F FAIN			
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 WILLIAM F FAIN			Date 05/30/2025
Signature of Authorized Person of the Limited Liability Company <i>William Fain</i>			

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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