



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JUN 30 AM 10:27:37

Statement of Change of Agent *Registered office*
DOMESTIC or FOREIGN Limited Liability Company

~~Filing Fee: \$20.00~~ *no fee*

Pursuant to the provisions of RIGL ~~7-6-13~~ *7-6-13(d) or 7-6-78(d)* 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 65932		2. Exact Name of the Limited Liability Company The Gention Garden Club, Inc.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 546 256 W. Greenville Rd			
City/Town N. Scituate		State RHODE ISLAND	Zip 02857
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: EDNA DUFFY KATHLEEN J. GIOVINE			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 546 WEST GREENVILLE ROAD			
City/Town NORTH SCITUATE		State RHODE ISLAND	Zip 02857
6. The name of the NEW resident agent is: Edna Duffy EDNA DUFFY			
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 EDNA DUFFY			Date 7-1-2025
Signature of Authorized Person of the Limited Liability Company <i>Edna Duffy</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

FILED

JUN 30 2025

BY *D*