**State of Rhode Island**
**Department of State - Business Services Division**

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 JUL 14 P 1:38

# Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $20.00

Pursuant to the provisions of RIG 7-16-11 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

| 1. Entity ID Number | 2. Exact Name of the Corporation |
|---|---|
| 001782087 | CARDI PROPERTIES RI LLC |

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

| Street Address | | | |
|---|---|---|---|
| 34 BAKEWELL CT | | | |
| City/Town CRANSTON | State **RHODE ISLAND** | Zip 02921 | |

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State.
PAUL N. LAPROCINA JR

5. The address of the **NEW** registered office is:

| Street Address (NOT a P.O. Box) | | |
|---|---|---|
| 34 BAKEWELL CT | | |
| City/Town CRANSTON | State **RHODE ISLAND** | Zip 02921 |

6. The name of the **NEW** registered agent is:
PAULA CARDI

7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)
☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

*Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.*

| Name of Authorized Officer of the Corporation | Date |
|---|---|
| PAULA CARDI | 07/08/2025 |

Signature of Authorized Officer of the Corporation
Paula Cardi

**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**
JUL 14 2025, 02 138
BY BQ686

ORM1640 - Revised 6/2024