RI SOS Filing Number: 202577296110 Date: 7/28/2025 11:55:00 AM



## 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

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

STAILE

2025 JUL 28 A 11: 54

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

2(35 JJL 13 A. 11: )

following statement for the purp	pose of changing its resident a	gent in the State of Rhode Isla	and:
Entity ID Number	2. Exact Name of the Limited	Liability Company	
001670460	SAISHRI L	.L.C.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 10 KINGS FOREST UNE			
City/Town WEST WARWICK		State RHODE ISLAND	02893
4. The name of the resident a	gent as PRESENTLY shown in	the records on file with the RI	Department of State:
NILESH PRITEL			
5. The address of the <b>NEW</b> re			
Street Address (NOT a P.O Box)	97 Cross str	eed'	
			1
City/Town Westerly		RHODE ISLAND	<sup>Zip</sup> 02891
6 The name of the NEW resid		RHODE ISLAND	<sup>Zip</sup> 02891
6 The name of the NEW resid		RHODE ISLAND	02841
6 The name of the NEW resid	Stelle of Change of Resident Agent w	RHODE ISLAND	02841
6 The name of the NEW residence of the New residenc	Stelle of Change of Resident Agent w	RHODE ISLAND	02841
7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I decomposed to the NEW residual of	Steole of Change of Resident Agent w	RHODE ISLAND  will be effective CHECK ONE Expressions the date of filing)  with mined this Statement of Change	02891 BOX ONLY
7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I declimited Liability Company, and Name of Authorized Person of Date of Date Person of Date of	of Change of Resident Agent wing) e must be no more than 90 day clare and affirm that I have exa d that all statements contained f the Limited Liability Company	rill be effective: CHECK ONE Error the date of filing)	ge of Resident Agent by the
7. Date when this Statement of Date received (Upon filin Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and	of Change of Resident Agent wing) e must be no more than 90 day clare and affirm that I have exa d that all statements contained f the Limited Liability Company	rill be effective: CHECK ONE Error the date of filing)	BOX ONLY  ge of Resident Agent by the
7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I declimited Liability Company, and Name of Authorized Person of Nitroj	of Change of Resident Agent wing) e must be no more than 90 day clare and affirm that I have exa d that all statements contained f the Limited Liability Company	RHODE ISLAND  will be effective: CHECK ONE Expressions the date of filing)  mined this Statement of Change therein are true and correct.	ge of Resident Agent by the

## RI DOS MADE NON-SUBSTANTIVE EDITS

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 28 2025 P

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