

REC'D RIDOS BSD  
25 AUG 14 PM 1:07:59State of Rhode Island  
Department of State - Business Services Division**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<br>830999   |  | 2. Exact Name of the Limited Liability Company<br>Rhode Island Vapor Company LLC |                    |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |  |  |                    |
| Street Address 42 Weybosset St Ste 402  |  |  |                    |
| City/Town Providence  |  | State RHODE ISLAND   | Zip 02903          |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Michael J. Mesolella, Esq.   |  |  |                    |
| 5. The address of the <b>NEW</b> resident office is:  |  |  |                    |
| Street Address (NOT a P.O. Box) One Turks Head Place Ste 450  |  |  |                    |
| City/Town Providence  |  | State RHODE ISLAND   | Zip 02903          |
| 6. The name of the <b>NEW</b> resident agent is:<br>Bruce A. Leach, Esq.  |  |  |                    |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |  |  |                    |
| <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<br>Dino Baccari  |  |  | Date<br>07/30/2025 |
| Signature of Authorized Person of the Limited Liability Company<br><i>Dino Baccari</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**

\* AUG 14 2025

BY KFSCE