



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 SEP 2 PM 3:26:24

STAMP

FOR
SECRETARY OF STATE
USE ONLY

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 001770636		2. Exact Name of the Limited Liability Company BLACK ON WHITE PRO LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 50 INDUSTRIAL CIR #105			
City/Town LINCOLN	State RHODE ISLAND	Zip 02865	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: REPUBLIC REGISTERED AGENT LLC			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 603 Charles St			
City/Town Providence	State RHODE ISLAND	Zip 02904	
6. The name of the NEW resident agent is: Luis P Cabral			
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 Luis P Cabral		Date 9/02/25	
Signature of Authorized Person of the Limited Liability Company Luis Cabral			

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 3:26 PM

SEP 02 2025

SECRETARY OF STATE
USE ONLY

CBN BY Edmdy