RI SOS Filing Number: 202578246330 Date: 9/17/2025 10:42:00 AM



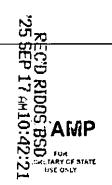
State of Rhode Island

**Department of State - Business Services Division** 

## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ Filing Fee: \$20.00



· ·	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001715469 THE JOINT ON THE C		CORNER 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 615 JEFFERSON BOULEVARD, SUITE A 204			
City/Town WARWICK		State RHODE ISLAND	<sup>Zip</sup> 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
AVANT-TAX LLC			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box)			
City/Town .		State	Zip 0 200 F
Woonsocket		RHODE ISLAND	Zip 02895
6. The name of the <b>NEW</b> resident agent is:  MAURICE DOILE			
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  Date			
MAURICE DOIRE 9/117/25			9/17/25
Signature of Authorized Person of the Limited Liability Company			
(Marin) Nelown)			

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 10:42A SEP 17 2025

