



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

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FOR  
SECRETARY OF STATE  
USE ONLY

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 001715469		2. Exact Name of the Limited Liability Company THE JOINT ON THE CORNER L.L.C.	
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 615 JEFFERSON BOULEVARD, SUITE A 204			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as <b>PRESENTLY</b> 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) 17 Briens Court			
City/Town Woonsocket		State RHODE ISLAND	Zip 02895
6. The name of the <b>NEW</b> resident agent is: MAURICE DOIRE			
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 MAURICE DOIRE			Date 9/17/25
Signature of Authorized Person of the Limited Liability Company 			

### 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

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BY 1415K