



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 OCT 14 AM 10:37:05

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 000563018		2. Exact Name of the Limited Liability Company Cenvex Partners LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 96 Franklin Street			
City/Town Westerly		State RHODE ISLAND	Zip 02891
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Vincent J. Naccarato			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 19 Sandpiper Lane			
City/Town Charlestown		State RHODE ISLAND	Zip 02813
6. The name of the NEW resident agent is: F. Kevin Didden			
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 F. Kevin Didden			Date X 10/8/25
Signature of Authorized Person of the Limited Liability Company X			

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

OCT 14 2025

BY **KV R23000**
3:00PM