REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number: <u>147651</u>
	OF CHANGE OF ADDRESS E RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1) for the person signing on behalf of the resident agagent's address within this state:	of the General Laws, 1956, as amended, the undersigned resident agent, ent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
	Newport Slip, LLC
2. The address of the resident agent as PRESENTL' is: 155 South Main Street, Suite 301,	Y shown in the records on file with the Rhode Island Secretary of State Providence, Rhode Island 02903
3. The NEW address of the resident agent is:	
10 Weybosset Street, Providence,	Rhode Island 02903
The change of address of the resident agent shall l	become effective upon the filing of this statement, or on
(a date not prior to, nor mor	re than 30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 5/1/2011	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
	Kenneth J. Uva Signature
	Signature

FILED MAY 0 2 2011



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

