

Filing Fee: \$20.00

LLC I.D. # 73901

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
OFFICE OF THE SECRETARY OF STATE

**STATEMENT OF CHANGE OF NAME AND/OR ADDRESS OF  
RESIDENT AGENT OF**

**DROWNEVILLE ASSOCIATES L.L.C.**

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of  the name,  the address,  both the name and address of the resident agent in the State of Rhode Island:

**FIRST:** The name of the Limited Liability Company is:

DROWNEVILLE ASSOCIATES L.L.C.

**SECOND:** Organized under the laws of: Rhode Island

**THIRD:** The name and address of its present resident agent is: Benjamin G. Paster, Esq.  
Paster & Harpootian, Ltd., One Providence Washington Plaza, Providence, RI  
02903

**FOURTH:** The name and address of its prior resident agent is Adler Pollock & Sheehan  
Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

Dated October 29, 1996

**PAID**

**NOV 04 1996**  
**RD 167475**  
**SECY OF STATE**

DROWNEVILLE ASSOCIATES L.L.C.

(Applicant)

\*By:

[Signature]  
Its: Member

\*To be signed in the manner required by the home state.