



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY -5 PM 4:06

Statement of Change of Resident Office
Limited Liability Company
No Filing Fee

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 office in the State of Rhode Island:

1. Entity ID Number		2. Exact Name of the Limited Liability Company	
001033236		Dressed By Finn, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 630 Smithfield Rd. Unit 103			
City/Town North Providence		State RHODE ISLAND	Zip 02904
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 903 Providence Place Apt. 406			
City/Town Providence		State RHODE ISLAND	Zip 02903
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office, and that all statements contained herein are true and correct.			
Name of the Resident Agent/Authorized Person of the Limited Liability Company			Date
Jennifer L. Foley			5/5/16
Signature of the Resident Agent/Authorized Person of the Limited Liability Company			
SIGN DOCUMENT HERE			

FILED

MAY 05 2016

BY CR 273699
4:06



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

