

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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



2016 MAY TO PM 3: 17

Statement of Change of Specified Office and/or Registered Agent Limited Partnership

Filing Fee: \$20.00

| | s of RIGL <u>7-13-4</u> the undersigned ce or registered agent in the State | | ig statement i | or the purpose of | |
|---|--|---|--|-------------------|--|
| 1. Entity ID Number | | 2. Exact Name of the Limited Partnership | | | |
| 000064641 | Squantum Associates | Squantum Associates Limited Partnership | | | |
| 3. The address of the spe- PRESENTLY shown in the PARTNERSHIPS ONLY): | cified office at which shall be kept the records on file with the RI Departr | he records required by RIGL <u>7-13</u> ment of State (APPLICABLE TO I | <u>-5</u> to be mainta DOMESTIC LIF | ained as MITED | |
| Street Address 947 Veterans Parkway | | City Riverside | State RI | Zip 02915 | |
| 4. The address of the NEV (APPLICABLE TO DOME | W specified office at which shall be STIC LIMITED PARTNERSHIPS O | kept the records required by Sect NLY): | ion 7-13-5 to b | e maintained is | |
| Street Address | | City | State RI | Zip | |
| 5. The name of the registe | red agent as PRESENTLY shown | in the records on file with the RI [| Department of | State: | |
| Everett H. Fernald, | Jr. | | | | |
| 6. The name of the NEW i | egistered agent is: | | | | |
| John R. Gowell | | | | | |
| 7. The address of the regi | stered office as PRESENTLY show | n in the records on file with the R | l Department o | of State: | |
| Street Address 947 Vete | rans Parkway | | | | |
| City/Town Riverside | | State RHODE ISLAND | ^{Zip} 02915 | | |
| 8. The address of the NEV | V registered agent is: | | | | |
| Street Address (NOT a P.O. | Box) 317 Iron Horse Way - | Suite 301 | | | |
| City/Town Providence | | State RHODE ISLAND | ^{Zip} 02908 | | |
| Under penalty of perjury, I Registered Agent by the L | declare and affirm that I have exan imited Partnership, and that all stat | nined this Statement of Change of Tements contained herein are true | of Specified Off and correct. | ice and/or | |
| Name of a General Partner of the Limited Partnership | | | Date | | |
| Brian Sadler | | | 5/10/1 | <u>'4</u> | |
| Signature of General Par | tner of the Limited Partnership | • | | | |

DOCUMENT HERE

Form No. 643 Revised: 2016 FILED