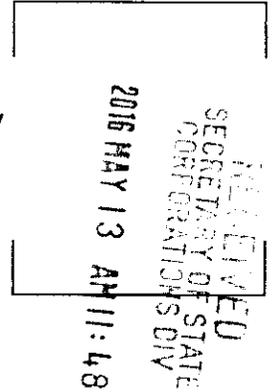




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



**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	
1073284	Schiavo Enterprises, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 16 International Way		
City/Town Warwick	State RHODE ISLAND	Zip 02886
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 2374 Post Road, Suite 105		
City/Town Warwick	State RHODE ISLAND	Zip 02886
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____		
<i>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.</i>		
Name of the Resident Agent/Authorized Person of the Limited Liability Company		Date
Dante J. Giammarco, Esquire		05/10/16
Signature of the Resident Agent/Authorized Person of the Limited Liability Company		
<i>Dante J. Giammarco, Esq.</i>		

11:48 AM

FILED

MAY 13 2016

By ICM