

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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SECREDANIONS DIV

Statement of Change of Resident Office Limited Liability Company

No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

is Emity ID Number	2. Exact Name of the Limited Liability Company			
000889764 Law Offices of Thomas H. O'Brien, LLC				
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 2639 South County Trail				
City/Town East Gre	7	State RHODE ISLAND	81860 PIS	
4. The address of the NEW resident office is				
Street Address (NOT a P.O. Box) 303 Jefferson Boulevard				
City/Town Warwick RI		State RHODE ISLAND	3ib 378 名	
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.				
			Date	
Thomas H. O'Brian			06(30	16
Signature of the Resident Agent/Authorized Person of the Limited Liability Company				
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Form No. 642A Revised: 2016