

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation 11C

→ No Filing Fee

7-16-11

Pursuant to the provisions of RIGL 7.1.2-502 or 7.1.2-1400 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

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1. Entity ID Number	2. Exact Name of the Corpor	2. Exact Name of the Corporation \ \ \ \ \ \ \ \ \ \		
1660793	KCW Management, LLC			
3. The address of the reg	gistered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:	
Street Address 1 Ship Stre	et			
City/Town Providence		State RHODE ISLAND	Zip 0290 3	
4. The address of the NE				
Street Address (NOT a P.O.	Box) 116 Orange Street			
City/Town Providence		State RHODE ISLAND	Zip 02903	
5. Date when this Statem	ent of Change of Registered Agen	t will be effective: CHECK ONI	Y ONE BOX	
Date received (Upor	n filing)			
Later effective date	(Date must be no more than 90 day	ys from the day of filing)	1 <u>010</u> .	
6. A copy of this Stateme	nt has been mailed to the corporati	on (applicable when agent rec	ords statement).	
Under penalty of perjury, all statements contained	I declare and affirm that I have exa herein are true and correct.	amined this Statement of Chan	ge of Registered Office, and that	
Name of the Registered Agent/Officer of the Cerporation ((C		Date		
Stephen M. Litwin, Esquire		3/30/17		
Signature of the Register	ed Agent/Officer of the Corporation			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222 3040 Website: www.sos.ri.gov

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