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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



following statement for the pur	RIGL <u>7-16-11</u> the undersigned pose of changing its resident of	limited liability company subm office in the State of Rhode Isl	its the
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001657523	OLD RIVER ROAD DEVELOPMENT, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 145 Phenix Av	enue		
City/Town Cranston		State RHODE ISLAND	Zip <b>02920</b>
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 481 Atwood Avenue			
City/Town Cranston		State RHODE ISLAND	Zip <b>02920</b>
5. Date when this Statement of Change of Resident Agent 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 dec Limited Liability Company, and	i that all statements contained	herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of	the Limited Liability Company		Date /
John S. DiBona			5/17/17
Signature of Authorized Person		any JMENT HERE	
	1		

MAIL TO:

**Division of Business Services** 

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

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

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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:

June 07, 2017 11:40 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

