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No. and Street: <u>55 PINE</u> City or Town: <u>PROVID</u>		
City or Town: <u>PROVID</u>		
6. Mailing Address of Limite	<u>STREET 4TH FLOOR</u> ENCE	State: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>
- maning Address of Lilling	ed Liability Company and Nam	e or Title of Contact Person:
Contact Name: Contact Title No. and Street: <u>16 ANA</u> City or Town: FALL R	WAN STREET	: MA Zip: 02721 Country: USA
		ability Company, if Applicable.
Title		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER M. MULHEARN, ESQ. 55 PINE STREET - 4TH FLOOR PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of October, 2017 at 2:52:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>SETH SHAPIRO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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