



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

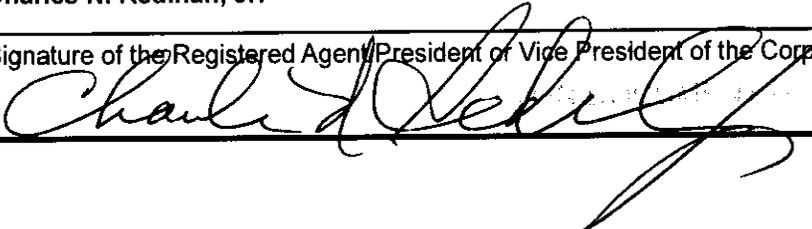
RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 NOV - 6 PM 12:25

**Statement of Change of Registered Office**  
 DOMESTIC or FOREIGN Non-Profit Corporation *OR LLC*

→ No Filing Fee

*7-16*

Pursuant to the provisions of RIGL ~~7-6-13(d)~~ or ~~7-6-78(d)~~ the undersigned submits the following statement for the purpose of changing its registered office in the State of Rhode Island:

|   |   |
|---|---|
| 1. Entity ID Number<br><b>1675867</b>   | 2. Exact Name of the Corporation<br><b>Dexter Properties, LLC</b> |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>91 Friendship Street</b>                   |   |
| City/Town <b>Providence</b>   | State <b>RHODE ISLAND</b> Zip <b>02903</b>                        |
| 4. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>146 Westminster Street, 5th floor</b>  |   |
| City/Town <b>Providence</b>   | State <b>RHODE ISLAND</b> Zip <b>02903</b>                        |
| 5. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).   |   |
| 6. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.  |   |
| <i>Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> |   |
| Name of the Registered Agent/President or Vice President of the Corporation<br><b>Charles N. Redihan, Jr.</b>   | Date<br><b>11-2-2017</b>  |
| Signature of the Registered Agent/President or Vice President of the Corporation<br>                   |   |

**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**  
 NOV 06 2017  
 BY *ce 12:25*



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

November 06, 2017 12:25 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

