



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

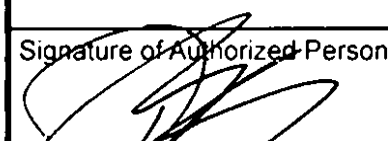
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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 MAR 22 PM 4:30

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode

1. Entity ID Number <b>1662598</b>		2. Exact Name of the Limited Liability Company <b>White Horse Vapor Stores LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>1375 MINERAL SPRING AVENUE</b>			
City/Town <b>NORTH PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02904</b>
4. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>1483 MINERAL SPRING AVENUE</b>			
City/Town <b>NORTH PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02904</b>
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company <b>DINO BACCARI</b>			Date <b>03/22/2018</b>
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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