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 CORPORATIONS DIV
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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 001676290	2. Exact Name of the Limited Liability Company 54 Soap House Lane LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 3 Twin Oak Drive		
City/Town Cranston	State RHODE ISLAND	Zip 02889
4. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 85 Douglas Pike		
City/Town Smithfield	State RHODE ISLAND	Zip 02917
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY <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) _____		
<i>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.</i>		
Name of Authorized Person of the Limited Liability Company James R. Barrows, Member	Date 05/09/2018	
Signature of Authorized Person of the Limited Liability Company <div style="text-align: center;">SIGN DOCUMENT HERE</div>		

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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