



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 MAY 29 PM 12:20

# 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<br><b>000486534</b>                                                                                                                                                                          |                              | 2. Exact Name of the Limited Liability Company<br><b>Brisan Properties, 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>12 Pond View Road</b>                                                                                                                                                                          |                              |                                                                                 |  |
| City/Town<br><b>Cranston</b>                                                                                                                                                                                     | State<br><b>RHODE ISLAND</b> | Zip<br><b>02920</b>                                                             |  |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                              |                                                                                 |  |
| Street Address ( <b>NOT</b> a P.O. Box) <b>1308 Atwood Avenue</b>                                                                                                                                                |                              |                                                                                 |  |
| City/Town<br><b>Johnston</b>                                                                                                                                                                                     | State<br><b>RHODE ISLAND</b> | Zip<br><b>02919</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<br><b>Brian Sylvestre</b>                                                                                                                             |                              | Date<br><b>05/24/2018</b>                                                       |  |
| Signature of Authorized Person of the Limited Liability Company<br><i>X Brian Sylvestre</i>                                                                                                                      |                              |                                                                                 |  |

## 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)

12:20 FILED  
MAY 29 2018

BY *[Signature]*



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:

May 29, 2018 12:20 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

