RI SOS Filing Number: 201874703530 Date: 8/16/2018 10:39:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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

| 2018 AUG 16 | SECRETARY OF STUDENT O |
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| rollowing statement for the | purpose or chariging its resident of | IIICA OMET III LIIC OLALC OLI WIL | | | |
|--|--|--|-------------------------------|--|--|
| 1. Entity ID Number | 2. Exact Name of the Limited | 2. Exact Name of the Limited Liability Company | | | |
| 001671209 | Alanaiden Properti | Alanaiden Properties, LLC | | | |
| 3. The address of the res | ident office as PRESENTLY shown | in the records on file with the | RI Department of State: | | |
| Street Address 33 College | Hill Road, Bldg. 15C | | | | |
| City/Town Warwick | | State RHODE ISLAND | ^{Zip} 02886 | | |
| 4. The address of the NE | W resident office is: | | | | |
| Street Address (NOT a P.O. | Box) 7 Waterman Avenue | | | | |
| City/Town North Providence | | State RHODE ISLAND | Zip 02911 | | |
| 5. Date when this Statem | nent of Change of Resident Office w | ill be effective: CHECK ONE | BOX ONLY | | |
| ✓ Date received (Upo | | | | | |
| Later effective date | (Date must be no more than 30 day | s from the date of filing) | | | |
| Under penalty of perjury, Limited Liability Compan | I declare and affirm that I have exa y, and that all statements contained | mined this Statement of Char herein are true and correct. | nge of Resident Office by the | | |
| Name of Authorized Person of the Limited Liability Company Date | | | Date) | | |
| Anthony M. Gallone, Esq. | | | 8/14/18 | | |
| Signature of Authorized | Person of the Limited Liability Comp | pany / | - | | |
| | 1 Described | UMI NI HERE | | | |
| | | / | | | |
| | _ | 1 | | | |

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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FORM 642A - Revised: 01/2018

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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:

August 16, 2018 10:39 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

