



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

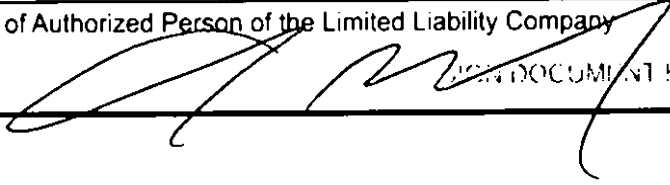
11
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 AUG 16 AM 10:39

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 001671209		2. Exact Name of the Limited Liability Company Alanaiden Properties, LLC	
3. The address of the resident 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 NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 7 Waterman Avenue			
City/Town North Providence		State RHODE ISLAND	Zip 02911
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ 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 Anthony M. Gallone, Esq.			Date 8/14/18
Signature of Authorized Person of the Limited Liability Company  NON 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

10:39
FILED
AUG 16 2018
BY 