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

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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	2. Exact Name of the Limited Liability Company	
001671209	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 (NOT 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) _____		
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 Anthony M. Gallone, Esq.		Date 8/14/18
Signature of Authorized Person of the Limited Liability Company		

SIGN DOCUMENT HERE

10:39

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
AUG 16 2018
BY

FORM 642A - Revised: 01/2018