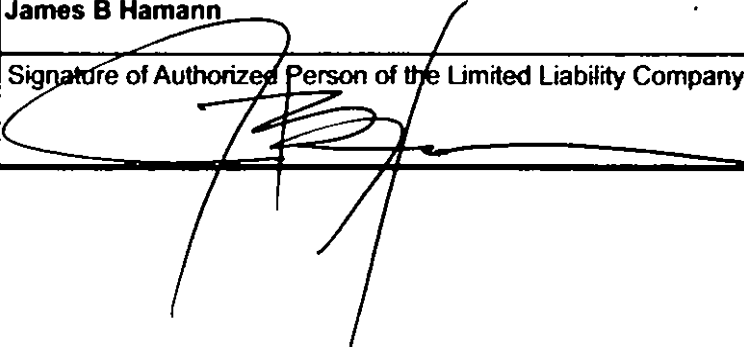


RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 28 AM 11:51**Statement of Change of Office**

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 000556370		2. Exact Name of the Limited Liability Company Cuivre & Co. LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 53 Eldredge Avenue			
City/Town East Greenwich		State RHODE ISLAND	Zip 02818
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 5 Division Street Bldg G			
City/Town East Greenwich		State RHODE ISLAND	Zip 02818
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) _____			
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 James B Hamann			Date 09-24-2018
Signature of Authorized Person of the Limited Liability Company 			

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**

SEP 28 2018

BY LE 11:51