RI SOS Filing Number: 201878441960 Date: 9/28/2018 11:08:00 AM



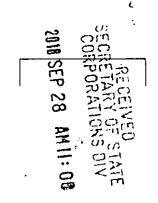
State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



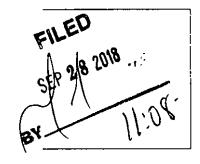
Pursuant to the provisions of RIGL 7- following statement for the purpose of			
1. Entity ID Number 2. Exa	ct Name of the Limited	Liability Company	
001664248 P	ASNERI	GROUP LL	<u> </u>
3. The address of the resident office	as <b>PRESENTLY</b> showr	n in the records on file with the	RI Department of State:
Street Address 1/7 3 N· M	AIN ST		
City/Town PROVIDE NO		State RHODE ISLAND	Zip 02904
4. The address of the <b>NEW</b> resident	office is:		
Street Address ( <u>NOT</u> a P.O. Box)  6 7 1 N · M	AIN ST		
City/Town PLOVIDENCE		RHODE ISLAND	Zip 02904
5. Date when this Statement of Char	ige of Resident Office v	vill be effective: CHECK ONE	BOX ONLY
Date received (Upon filing)			
Later effective date (Date must	be no more than 30 da	ys from the date of filing)	<del></del>
Under penalty of perjury, I declare ar Limited Liability Company, and that a			ge of Resident Office by the
Name of Authorized Person of the Li	mited Liability Company	/	Date
24 K Sy 50			9.28.18
Signature of Authorized Person of the	ELimited Liability Comp	pany	
Well Syr	1. SICINDE	igning.	
		,	

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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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:

September 28, 2018 11:08 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

