



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 OCT 18 AM 11:57

**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 <b>000571964</b>	2. Exact Name of the Limited Liability Company <b>WILLIAM A. FARRELL &amp; ASSOCIATES LLC</b>
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:	
Street Address <b>10 MEMORIAL BOULEVARD, SUITE 1001</b>	
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b> Zip <b>02903</b>
4. The address of the <b>NEW</b> resident office is:	
Street Address ( <u>NOT</u> a P.O. Box) <b>50 PARK ROW WEST, SUITE 100</b>	
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b> Zip <b>02903</b>
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>	
<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) _____	
<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 <b>WILLIAM A. FARRELL</b>	Date <b>10/15/18</b>
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE	

**FILED**

OCT 18 2018

BY 162 11:57

STAMP

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



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

October 18, 2018 11:57 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

