



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

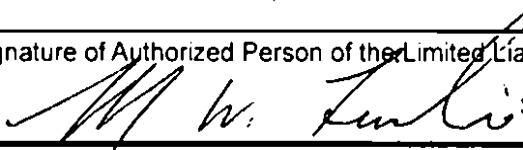
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BUS. SVCS. DIV
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Statement of Change of Office

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 000293070		2. Exact Name of the Limited Liability Company RIVERDALE 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 117 METRO CENTER BOULEVARD, SUITE 2001			
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) 107 WARWICK AVENUE			
City/Town CRANSTON		State RHODE ISLAND	Zip 02905
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) _____			
<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 MICHAEL W. FAVICCHIO, ESQ			Date 11/23/2018
Signature of Authorized Person of the Limited Liability Company  SIGN 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

FILED

NOV 23 2018

BY acc 12:01 p.m.