



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

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2019 JUN -7 PM 2:02:41P

Statement of Change of Office

DOMESTIC or FOREIGN ~~Limited Liability Company~~

→ No Filing Fee

Corporation

SECRETARY OF STATE
 CORPORATIONS DIV

Pursuant to the provisions of RIGL ~~6-1.3~~ ^{7-1.3} 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 000 161201 | | 2. Exact Name of the Limited Liability Company B & A 786 Real Estate Corp | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 32 Pond Ave | | | |
| City/Town Newport | State RHODE ISLAND | Zip 02840 | |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 23 William Drive | | | |
| City/Town Middletown | State RHODE ISLAND | Zip 02842 | |
| 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 90 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 Khadija Lewis Khan | | | Date 6-7-19 |
| Signature of Authorized Person of the Limited Liability Company <i>Khadija Lewis Khan</i> 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

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 BY *an 45NHP*