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2019 SEP 25 A 11:49



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

FOR
OFFICIAL USE ONLY

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 000488112		2. Exact Name of the Limited Liability Company RENAISSANCE CLINIQUE, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 85 DOUGLAS PIKE			
City/Town SMITHFIELD	State RHODE ISLAND	Zip 02917	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1364 SMITH STREET			
City/Town NORTH PROVIDENCE	State RHODE ISLAND	Zip 02911	
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) _____			
<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 BEN ACETO, CPA		Date 09/27/19	
Signature of Authorized Person of the Limited Liability Company <i>Ben Aceto</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

FILED

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