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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 F following statement for the pur	RIGL <u>7-16-11</u> the undersigned I	Imited liability company submit	ts the
following statement for the purpose of changing its resident off 1. Entity ID Number 2. Exact Name of the Limited L			100
001685277	LITTLE WIND, 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, SUITE 102			
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			
NORTH PROVIDENCE		State RHODE ISLAND	Zip 02911
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
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			Date
BEN ACETO, CPA			09/27/19
Signature of Authorized Person of the Limited Liability Company			
Ben acels 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

FORM 642A - Revised: المراد 18

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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 25, 2019 11:44 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Kolen

