

P.005/046

2019 SEP 25 A 11: 43



Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Fling Fee



Pursuant to the provisions of it following statement for the pur	RIGL <u>7-16-11</u> the undersigned pose of changing its resident of	limited liability company submi	its the
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001691798	B & G REALTY, 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 8MIT H STREET		
NORTH PROVIDENCE		State RHODE ISLAND	^{Zip} 02911
5. Date when this Statement	of Change of Resident Office v	MIII be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon filling)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penaity of perjury, I de Limited Liability Company, an	ciare and affirm that I have exi d that all statements contained	amined this Statement of Chan d herein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
8EAN C. GREENFIELD			09/27/19
Signature of Authorized Perso	on of the Limited Liability Com	pany	
SIGN BOULDAENT HERE			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Websita: www.sos.ri.gov

FILED

BY

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