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P.008/046

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 SEP 25 A 11:113

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

FOR LEGIT MAPPING STATE U.C. OCLU

following statement for the 1. Entity ID Number				
		2. Exact Name of the Limited Liability Company BUCKLINS BOAT YARD, LLC		
001680002	BUCKLINS BOAT			
3. The address of the res	sident office as PRESENTLY shown i	in the records on file with the	RI Department of State:	
Street Address	LAS PIKE, SUITE 102			
City/Town SMITHFIELD		State RHODE ISLAND	Zip 02917	
4. The address of the NE	:W resident office ts:			
Street Address (NOT a P.O.	. Box) 1364 SMITH STREET			
NORTH PROVIDENCE		State RHODE ISLAND	Zip 02911	
5. Date when this Statem	nent of Change of Resident Office will	be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upo	n filing)			
Later effective date	(Date must be no more than 90 days	from the date of filing)		
Under penalty of porjury, Limited Liability Compan	i declare and affirm that i have exam y, and that all statements contained h	nined this Statement of Chan herein are true and correct.	ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
BEN ACETO, CPA			09/27/19	
Signature of Authorized F	Person of the Limited Liability Compa	iny	<u> </u>	
Ben Oca	sign Docu	MENT HERE		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov 25 2019

FORM 642A - Reviseds 12/2018

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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 11:43 AM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

