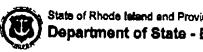
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State of Rhode teland and Providence Plantations Department of State - Business Services Division

Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Fillion Fee

09/25/2019

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+(%)(#) - 1 }'	rop K Gr Om	r*10,

1. Entity ID Number		rpose of changing its resident office ONLY in the State of Rhode 2. Exact Name of the Limited Liability Company			
000950883	CPI HOLDINGS, L	CPI HOLDINGS, LLC			
3. The address of the res	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:		
Street Address 86 DOUG	AS PIKE, SUITE 102				
City/Town SMITHFIELD		State RHODE ISLAND	^{Zip} 02917		
4. The address of the NE	W resident office is:				
Street Address (<u>NOT</u> a P.O. 	Box) 1384 SMITH STREET				
City/Town NORTH PROVIDENCE		State RHODE ISLAND	ND Zip 02911		
5. Date when this Statem	ent of Change of Resident Office wi	l be effective: CHECK ONE	BOX ONLY		
Date received (Uppi					
	Date must be no more than 90 days				
LIMROU LIBBIRY COMPAN	i declare and affirm that i have exam r, and that all statements contained i	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			
JAMES BARROWS, CPA			09/27/19		
	erson of the Limited Liability Compa				

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

SEP \$ 5 2019

FORM 842A - Revised: 12/2018

RI SOS Filing Number: 201921390700 Date: 9/25/2019 11:43:00 AM



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

