

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

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## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Elfa &

•	RIGL <u>7-16-11</u> the undersigned I rpose of changing its resident of	, , ,	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001696032	REC2020, LLC		
3. The address of the resider	nt office as PRESENTLY shown	n in the records on file with the	RI Department of State:
Street Address 1536 Westmir	nster Street		
City/Town Providence		State RHODE ISLAND	Zip 02909
4. The address of the NEW r	esident office is:		
Street Address (NOT a P.O. Box 1140 Reservoir Avenue, Sui	*		
City/Town Cranston		State RHODE ISLAND	<sup>Zip</sup> 02920
5. Date when this Statement	of Change of Resident Agent w	vill be effective: CHECK ONLY	ONE BOX
✓ Date received (Upon fili	ng)		
Later effective date (Date must be no more than 30 days from the day of filing)			
	nclare and affirm that I have exa and that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Robert A. Peretti, Esq			September 18, 2019
Signature of Authorized Pers	on of the Limited Liability Comp SIGN DOC	DANY HEVE	

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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