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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

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Donas de Alexandre	-(B)0	· ·			
•	of RIGL 7-16-11 the undersigned I purpose of changing its resident of		4		
1. Entity ID Number	2. Exact Name of the Limited Liability Company				
000524516	Rubin Property, LLC				
3. The address of the resi	dent office as PRESENTLY shown	in the records on file with the	RI Department of State:		
	minster Street				
City/Town Providence		State RHODE ISLAND	^{Zip} 02909		
4. The address of the NEW resident office is:					
Street Address (NOT a P.O.	Box)				
1140 Reservoir Avenue, Suite 201					
City/Town Cranston		RHODE ISLAND	Zip 02920		
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX					
Date received (Upon filing)					
Later effective date (Date must be no more than 30 days from the day of filing)					
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.					
Name of Authorized Person	on of the Limited Liability Company		Date		
Robert A. Peretti, Esq			September 18, 2019		
Signature of Authorized P	erson of the Limited Liability Comp SICN DOC	DANY UNIENT HEVE			
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MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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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:

October 17, 2019 09:54 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

