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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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Pursuant to the provisions of F following statement for the pur			P .				
1. Entity ID Number	2. Exact Name of the Limited Liability Company						
001675226	Chestnut Bay L.L.C.						
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:				
Street Address 1536 Westminster 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		State 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 o	f the Limited Liability Company		Date				
Robert A. Peretti, Esq		<u></u>	September 18, 2019				
Signature of Authorized Person	on of the Limited Liability Comp	DANY)				

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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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 09:53 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

