



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

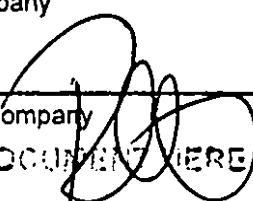
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 R.I. DEPT. OF STATE
 BUS SYCS DIV

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Statement of Change of Office
 DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entity ID Number 000753551		2. Exact Name of the Limited Liability Company ALCOR Financial, LLC	
3. The address of the resident 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			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Robert A. Peretti, Esq			Date September 18, 2019
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

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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