



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

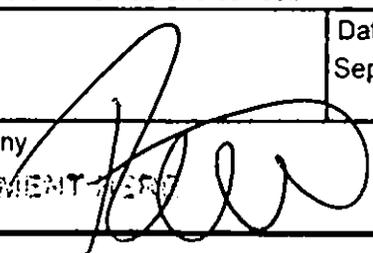
RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

**Statement of Change of Office**  
 DOMESTIC or FOREIGN Limited Liability Company

OCT 17 AM 9:53 STAMP

→ No Filing Fee

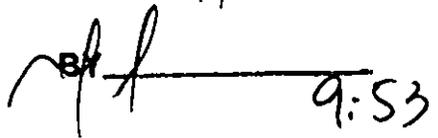
Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

|                                                                                                                                                                                                                        |                       |                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------|--|
| 1. Entity ID Number<br>001680846                                                                                                                                                                                       |                       | 2. Exact Name of the Limited Liability Company<br>22 Lincoln Street, LLC             |  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                                |                       |                                                                                      |  |
| Street Address 1536 Westminster Street                                                                                                                                                                                 |                       |                                                                                      |  |
| City/Town<br>Providence                                                                                                                                                                                                | State<br>RHODE ISLAND | Zip<br>02909                                                                         |  |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                                   |                       |                                                                                      |  |
| Street Address (NOT a P.O. Box)<br>1140 Reservoir Avenue, Suite 201                                                                                                                                                    |                       |                                                                                      |  |
| City/Town<br>Cranston                                                                                                                                                                                                  | State<br>RHODE ISLAND | Zip<br>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<br>Robert A. Peretti, Esq                                                                                                                                   |                       | Date<br>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

**FILED**

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

