



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

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CORPORATIONS DIV

2019 NOV 20 AM 10:41

Statement of Change of Office

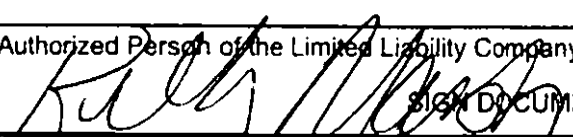
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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FOR
SECRETARY OF STATE
USE ONLY

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 **ONLY** in the State of Rhode

| | | | |
|--|--|---|---------------------|
| 1. Entity ID Number 001672626 | | 2. Exact Name of the Limited Liability Company CSG, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 98 Slope Avenue | | | |
| City/Town Wakefield | | State RHODE ISLAND | Zip 02879 |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 3740 Old Post Road | | | |
| City/Town Charlestown | | State RHODE ISLAND | Zip 02813 |
| 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY | | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person of the Limited Liability Company Kelly Marsh | | | Date 9-13-19 |
| 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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BY Cn 982PX

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FOR
SECRETARY OF STATE
USE ONLY

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