



2020 JAN 13 PM 3:55

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 **ONLY** in the State of Rhode

1. Entity ID Number 1670784		2. Exact Name of the Limited Liability Company Fairlawn Properties LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 526 Weeden St			
City/Town Pawtucket	State RHODE ISLAND	Zip 02860	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) PO Box 392 / 526 Weeden St Pawtucket			
City/Town Lincoln RI 02865	State RHODE ISLAND	Zip 0 / 02860	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<input type="checkbox"/> Date received (Upon filing)			
<input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <u>1-13-20</u>			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Jason Martins			Date 1-13-20
Signature of Authorized Person of the Limited Liability Company 			

3:55

FILED

JAN 13 2020

BY 8N4FH

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov