



State of Rhode Island

Department of State - Business Services Division

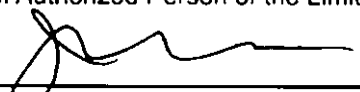
Statement of Change of Office

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

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RI DEPT OF STATE
BUS SVCS DIV
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1. Entity ID Number 000488081	2. Exact Name of the Limited Liability Company Cleaveland Enterprises, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 70 Romano Vineyard Way, Suite 117	
City/Town North Kingstown	State RHODE ISLAND Zip 02852
4. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 275 West Natick Road, Suite 201	
City/Town Warwick	State RHODE ISLAND Zip 02886
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 	Date 9/24/20
Signature of Authorized Person of the Limited Liability Company	

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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BY AK 8:53