RI SOS Filing Number: 202061297670 Date: 10/5/2020 9:23:00 AM



Statement of Chang DOMESTIC of FOREIG	ge of Office N Limited Liability Compar	ny	, ,	,2 8 5
→ No Filing Fee				R.J. DEP. PRIS OCT
Pursuant to the provisions of following statement for the pu	RIGL <u>7-16-11</u> the undersigned urpose of changing its resident of	limited liability company submi	its the	_ h
1. Entity ID Number	2. Exact Name of the Limited Liability Company			
1680960				9: 2:
3. The address of the reside	ent office as PRESENTLY show	n in the records on file with the	RI Department of State	一23 🗀
Street Address 42 Oriental Stre				
City/Town Providence		State RHODE ISLAND	Zip 02908	7
4. The address of the NEW	resident office is:		<u> </u>	
Street Address (<u>NQT</u> a P.O. Bo	40 Pine Hill Ave			
City/Town Johnston		State RHODE ISLAND	Zip 02919	
5. Date when this Statemen	t of Change of Resident Office v	will be effective: CHECK ONE	BOX ONLY	7
✓ Date received (Upon fill	ling)			
Later effective date (Da	ate must be no more than 90 da	ys from the date of filing)		
Under penalty of perjury, I d Limited Liability Company, a	eclare and affirm that I have exa and that all statements contained	amined this Statement of Chan d herein are true and correct	ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
Branch J Springer			09/23/2020	
Signature of Authorized Per	son of the Limited Liability Com	pany	****	

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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FORM 642A - Revised | 03/2020

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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 05, 2020 09:23 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

