

State of Rhode Island
Department of State - Business Services Division

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- 2020 OCT 25 P 4:30

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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow No Filing Fee

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
528328	SH, RI HOLDING, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 681 Smith Street			
City/Town Providence		State RHODE ISLAND	Zip 02908
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1130 Ten Rod Road, Suite F-201			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
	clare and affirm that I have exa nd that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Charles F. Reilly, Esq.			vialosio
Signature of Authorized Pers	on of the Limited Liability Comp	bany	

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 OCT 26 2020 BY Ch 6CTIN

FORM 642A - Revised: 08/2020

State of Rhode Island 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,

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 26, 2020 04:30 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

