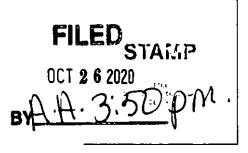
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State of Rhode Island Department of State - Business Services Division

Statement of Chang DOMESTIC or FOREIGN	e of Office I Limited Liability Compan	v			
$\rightarrow$ No Filing Fee		,			
	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident o				
1. Entity ID Number	2. Exact Name of the Limited Liability Company				
144103	21 Industrial Drive, LLC				
3. The address of the resider	t office as PRESENTLY shown	n in the records on file with the	RI Department of	of State:	
Street Address 681 Smith Street					
City/Town Providence	L	State RHODE ISLAND	Zip 02908		
4. The address of the NEW r	esident office is:				
Street Address ( <u>NOT</u> 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 w	vill be effective: CHECK ONE	BOX ONLY		
Date received (Upon film	ng)				
Later effective date (Dat	e must be no more than 90 day	ys 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	Date / /				
Joseph Sousa 10/21/2020					
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



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 03:50 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

