

Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company					STAMP
→ No Filing Fee					SECRETARY OF THE COLUMN
	of RIGL <u>7-16-11</u> the undersigned I purpose of changing its resident o				26 F
1. Entity ID Number	2. Exact Name of the Limited	Exact Name of the Limited Liability Company			VIC VIC
144103	21 Industrial Drive, LLC	21 Industrial Drive, LLC			
3. The address of the resi	dent office as PRESENTLY shown	n in the	records on file with the	RI Department	of State:
Street Address 681 Smith St	rcet				
City/Town Providence		State	RHODE ISLAND	Zip 02908	
4. The address of the NE	W 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 Stateme	ent of Change of Resident Office w	vill be e	effective: CHECK ONE I	BOX ONLY	
✓ Date received (Upon	filing)				
Later effective date (Date must be no more than 90 day	ys from	the date of filing)		
	I declare and affirm that I have exa c, and that all statements contained			ge of Resident	Office by the
Name of Authorized Person of the Limited Liability Company Joseph Sousa				Date 10/21/20	920
Signature of Authorized P	erson of the Limited Liability Comp	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 STAMP

BYA.A.3.50 PM