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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island

Department of State - Business Services Division

2020 NOV 10 A 8 41

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode				
Entity ID Number				
515591			PROPERTIES	LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 109 JEFFERSON DR				
City/Town COVCENTRY		Sta	ate RHODE ISLAND	2ip 028/6
4. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box)				
1044 MAIN ST				
COVENTRY		Sta	RHODE ISLAND	02816 02816
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)				
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
DONALD F. IHLEFELD				11/9/20
Signature of Authorized Person of the Limited Liability Company				
CAN THATAL				

MAIL TO:

Division of Business Services

148 W. River Street, Providence

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED NOV 1 0 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:

November 10, 2020 08:41 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

