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State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2020 DEC 16 PM 3: 13

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 ONLY in the State of Rhode		
1. Entity ID Number 2. Exact Name of the Limited Liability Company		
000624542 SSA LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 20 Quail Hollow DV		
City/Town Exeter	State RHODE ISLAND	zip 02822
4. The address of the NEW resident office is:		
Street Address (NOI a P.O. Box) 4) Preakneck +1, 1/ Rd #46		
City/Town LINCO/h	State RHODE ISLAND	02845
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 Comp	any	Date
Dennis A. Verduchi		12/16/20
Signature of Authorized Person of the Limited Liability Company		
$(C_{i})_{i} \rightarrow (A_{i})_{i}$		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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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:

December 16, 2020 03:22 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

