



State of Rhode Island  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV -

2021 JAN 21 PM 12:33

STAMP

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

LLC

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island.

1. Entity ID Number 0000397182		2. Exact Name of the Corporation <b>LLC</b> Shewatuck, I.I.C	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 1130 Ten Rod Road, <del>The Meadows</del> Suite B-206			
City/Town North Kingstown		State <b>RHODE ISLAND</b>	Zip 02852
4. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) 65 Boston Neck Road			
City/Town North Kingstown		State <b>RHODE ISLAND</b>	Zip 02852
5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation <b>LLC</b> James C. Sullivan, Esq.		Date 1/14/2021	
Signature of the Registered Agent/Officer of the Corporation <b>LLC</b> <i>James C. Sullivan</i>			

**FILED**

JAN 21 2021

BY AA 12:33 PM

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

642 A.



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:

January 21, 2021 12:33 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

