RI SOS Filing Number: 202187559450 Date: 1/21/2021 3:36:00 PM



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the

	purpose of changing its resident office	e ONLY in the State of Rho	ode WL
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000502754	Traken, LLC		
	ident office as PRESENTLY shown in	the records on file with the	RI Department of State:
Street Address 173 Fairway	Drive		
City/Town Coventry		RHODE ISLAND	Zip 02816
4. The address of the NE	W resident office is:	- 11 	<u> </u>
Street Address (NOT a P.O.	Box) 82 Hopkins Hill Rd	- ····	
City/Town Coventry	Sta	RHODE ISLAND	^{Zip} 02816
5. Date when this Statem	ent of Change of Resident Office will t	e effective: CHECK ONE	BOX ONLY
✓ Date received (Upor	ifiling)	 -	
Later effective date	Date must be no more than 90 days for	rom the date of filing)	
	l declare and affirm that I have examir , and that all statements contained he		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Tracy Traficante			01-05-2021
	erson of the Limited Liability Company	y	
	0		

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JAN 2 1 2021

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BNZ 2AC2 DIA R.L. DEPT. OF STATE RECEIVED

STAUP

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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:

January 21, 2021 03:36 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

