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## RECEIVED RELIBERTOF STATE BUS SVCS DIV

## 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 *ONLY* in the State of Rhode

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1694248	30 Frances Ave LLC	_ agassass	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 30 Frances Ave			
City/Town Cranston		State RHODE ISLAND	Zip RI
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 502 Wellington Ave			
City/Town Cranston		State RHODE ISLAND	Zip 02910
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
Dan Bernardo			01/21/21
Signature of Authorized Person of the Limited Liability Company			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

January 27, 2021 03:42 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

