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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 following statement for the purpose of changing its resident office **ONLY** in the State of Rhode

1. Entity ID Number 1683211		2. Exact Name of the Limited Liability Company Vic-Ter-Rae, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 24 Salt Pond Road, Suite C-4			
City/Town Wakefield	State RHODE ISLAND	Zip 02879	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 200 Metro Center Blvd, Suite 7			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Raymond Livernois		Date 1/4/2021	
Signature of Authorized Person of the Limited Liability Company 		SIGN DOCUMENT HERE	

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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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