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State of Rhode Island
State of Rhode Island Department of S

## of State - Business Services Division RECEIVED

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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1. Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company				
1672441	420 Dry Bridge, LLC	420 Dry Bridge, LLC				
3. The address of the res	ident office as PRESENTLY showr	in the records on file with the	RI Department of State:			
Street Address 49 Bellevite	Avenue					
City/Town Newport		State RHODE ISLAND	RHODE ISLAND Zip 02840			
4. The address of the NE	W resident office is:					
Street Address (NOT a P.O.	Box) 122 Touro Street					
City/Town Newport		State RHODE ISLAND	Zip 02840			
5. Date when this Statem	ent of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY			
Date received (Upo	n filing) (Date must be no more than 90 day	us from the date of filing)				
Under penalty of perjury,	I declare and affirm that I have exa y, and that all statements contained	mined this Statement of Chan	ge of Resident Office by the			
Name of Authorized Pers	on of the Limited Liability Company	/	Date			
J. Russell Jackson			1/15/2021			
	Person of the Liprited Liability Comp	pany	<u> </u>			

MAIL TO:

**Division of Business Services** 

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

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

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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:

February 05, 2021 01:48 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

