RI SOS Filing Number: 202194637400 Date: 3/17/2021 9:00:00 AM



Statement of Change of Office

✓ Date received (Upon filing)

Eric D. Correira, Esq.

DOMESTIC or FOREIGN Limited Liability Company

| → No Filing Fee | | | USE OLEVE |
|--------------------------------------|---|---------------------------------|-------------------------|
| / Not ming the | | | 7 878 |
| | f RIGL <u>7-16-11</u> the undersigned I surpose of changing its resident o | | |
| 1. Entity ID Number | 2. Exact Name of the Limited Liability Company | | |
| 000140185 | Touisset Quahog, LLC | | |
| 3. The address of the resid | ent office as PRESENTLY shown | in the records on file with the | RI Department of State: |
| Street Address 127 Dorrance | Street | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02903 |
| 4. The address of the NEW | resident office is: | | • |
| Street Address (<u>NOT</u> a P.O. B | ox) 10 Dorrance Street | | |
| City/Town Providence | , , , | State RHODE ISLAND | Zıp 02903 |

5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the

Later effective date (Date must be no more than 90 days from the date of filing)

Limited Liability Company, and that all statements contained herein are true and correct.

Signature of Authorized Person of the Limited Liability Company

Name 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.ri.gov MAR 17502AMP

SICH-PARY OF STATE

9:00

Date

3/12/21

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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:

March 17, 2021 09:00 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

