



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company **2021 APR -9 A 11: 14**

→ 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 000132542		2. Exact Name of the Limited Liability Company EXETER VARIETY STORE, INC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 410 Kingstown Road Suite 3			
City/Town West Kingston	State RHODE ISLAND	Zip 02898	
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 4080 South County Trail Suite 1			
City/Town Charlestown	State RHODE ISLAND	Zip 02813	
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) _____			
<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 ERIC WALLIN		Date 03/25/21	
Signature of Authorized Person of the Limited Liability Company <i>Eric Wallin</i>			

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

APR 09 2021

BY *[Signature]*