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BUS SVCS DIV  
2021 APR -9 A 11:13

**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 <b>000070813</b>		2. Exact Name of the Limited Liability Company <b>BALLARD'S OIL COMPANY, INC.</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>410 Kingstown Road Suite 3</b>			
City/Town <b>West Kingston</b>		State <b>RHODE ISLAND</b>	Zip <b>02898</b>
4. The address of the <b>NEW</b> resident office is			
Street Address (NOI a PO Box) <b>4080 South County Trail Suite 1</b>			
City/Town <b>Charlestown</b>		State <b>RHODE ISLAND</b>	Zip <b>02813</b>
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> 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 <b>ERIE WALLIN</b>			Date <b>03/25/21</b>
Signature of Authorized Person of the Limited Liability Company <i>Erie 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**  
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STAMP