



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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R.I. DEPT. OF STATE
BUS SVCS DIV

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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 1087902	2. Exact Name of the Limited Liability Company Branch Supply LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 822 MARFORD AVE	
City/Town JOHNSTON	State RHODE ISLAND Zip 02914
4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 15 Red Berry Circle (15 Red Berry Circle)	
City/Town CRANSTON	State RHODE ISLAND Zip 02921
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) _____	
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.	
Name of Authorized Person of the Limited Liability Company Nicholas Suranich	Date 4/23/21
Signature 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

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