

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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2021 AUG 12 P 2: 42

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001702803	59-61 Fales Street LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 32 Sigorney ST			
City/Town Boston		MA RHODE ISLAND	02130
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) , 283 Diamond Hill Rd Apt 1			
City/Town Woonsocket		RHODE ISLAND	Zip 02895
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 Date			Date
Corwin Gaines			8/12/21
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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RI SOS Filing Number: 202100123940 Date: 8/12/2021 2:43:00 PM



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:

August 12, 2021 02:43 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

