



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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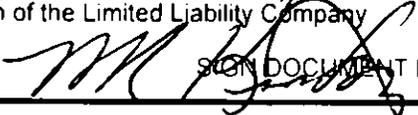
FOR  
 SECRETARY OF STATE  
 USE ONLY

**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>001693160</b>		2. Exact Name of the Limited Liability Company <b>Prudence Memorial Park, LLC</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>155 South Main Street, Suite 203</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>300 Metro Center Boulevard, Suite 150A</b>			
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02886</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)			
<input type="checkbox"/> 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>Ralph M. Kinder</b>		Date <b>7-26-21</b>	
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

**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**  
**STAMP**  
 SEP 09 2021  
 BY **A.A. G. 9:00AM**



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

September 09, 2021 09:20 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

