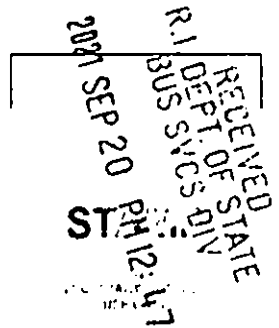




State of Rhode Island

Department of State - Business Services Division

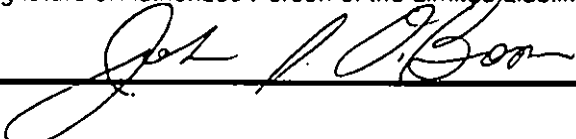


Statement of Change of Office

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 1664974	2. Exact Name of the Limited Liability Company Garden Vista Development, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 481 Atwood Avenue			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 78 Kenwood Street			
City/Town Cranston	State RHODE ISLAND	Zip 02907	
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 John S. DiBona, Esq.		Date 9/16/2021	
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

FILED

SEP 20 2021

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STAMP