State of Rhode Island

**Department of State - Business Services Division** 

RECEPTED RIL DEFILOF STATE BUS SYCS DIV

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2021 OCT -4 PM 4: 07

3. The address of the resident of Street Address 276 st louis av  City/Town woonsocket  4. The address of the NEW res  Street Address (NOT a P.O. Box)  City/Town north smithfield  5. Date when this Statement of			RI Department of State:  Zip 02895
Street Address 276 st louis av  City/Town woonsocket  4. The address of the NEW res Street Address (NOT a P.O. Box) 1  City/Town north smithfield  5. Date when this Statement of	Stationary of the state of the	No.	
Street Address 276 st louis av  City/Town woonsocket  4. The address of the NEW res Street Address (NOT a P.O. Box) 1  City/Town north smithfield  5. Date when this Statement of	Stationary of the state of the	No.	
woonsocket  4. The address of the NEW res Street Address (NOT a P.O. Box)  City/Town north smithfield  5. Date when this Statement of	ident office is:	RHODE ISLAND	<sup>Zip</sup> 02895
Street Address (NOT a P.O. Box) 1  City/Town north smithfield  5. Date when this Statement of		71477	<del></del>
City/Town north smithfield  5. Date when this Statement of	1126 iron mine hill rd	* ******	
north smithfield  5. Date when this Statement of			
	Sta	RHODE ISLAND	Zip 02896
I Data rassinad /I lass files	Change of Resident Office will b	e effective: CHECK ONE	BOX ONLY
Date received (Upon filing	•		
Later effective date (Date	must be no more than 90 days fr	om the date of filing)	
Under penalty of perjury, I decle Limited Liability Company, and	are and affirm that I have examin that all statements contained her	ed this Statement of Char rein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
In Corners			10/4/2021
Signature of Authorized Person	of the Limited Liability Company	<i>(</i>	
-John La	aqueire		

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

OCT 0 4 2021

V - 2009 State Maked Controller RI SOS Filing Number: 202102647110 Date: 10/4/2021 4:07:00 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:

October 04, 2021 04:07 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

