



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
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2021 OCT 12 AM 10:28

 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 000796907 | | 2. Exact Name of the Limited Liability Company POTTERSVILLE PROPERTIES, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address One Citizens Plaza, 8th Floor | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02903 | |
| 4. The address of the NEW resident office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 106 Clock Tower Square | | | |
| City/Town Portsmouth | State RHODE ISLAND | Zip 02871 | |
| 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY | | | |
| <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) _____ | | | |
| 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 <i>Joseph R. Marini</i> | | | Date <i>10/12/21</i> |
| Signature of Authorized Person of the Limited Liability Company <i>[Signature]</i> | | | |

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 12 2021

BY *AA* 10:28 AM



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:

October 12, 2021 10:28 AM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

