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Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV S 17 M

Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2021 OCT 12 AM IC: 28

Pursuant to the provisions following statement for the	of RIGL <u>7-16-11</u> the undersigned line purpose of changing its resident off	nited liability company submi	its the
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000952768	AMALFITANO INVESTMENTS, LLC		
3. The address of the res	ident office as PRESENTLY shown i	n the records on file with the	RI Department of State:
Street Address One Citize	ns Plaza, 8th Floor		
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The address of the NE			·
	Box) 106 Clock Tower Square		
City/Town Portsmouth		RHODE ISLAND	Zip 02871
	ent of Change of Resident Office wil	be effective: CHECK ONE	BOX ONLY
Date received (Upo	J,		
Later effective date	(Date must be no more than 90 days	from the date of filing)	
Under penalty of perjury, Limited Liability Compan	I declare and affirm that I have exam y, and that all statements contained i	nined this Statement of Chan nerein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
JOSEPH R. MARION III, ESQ			10/1/21
Signature of Authorized F	Person of the Limited Liability Compa	ny	
m			

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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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

Nellie M. Gorbea Secretary of State

Tullin U. Soler

