



State of Rhode Island

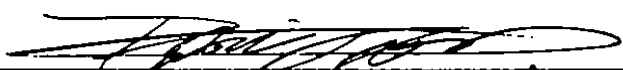
Department of State - Business Services Division

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 001714772		2. Exact Name of the Limited Liability Company VEER CORP	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1601 HARTFORD AVE			
City/Town JOHNSTON,		State RHODE ISLAND	Zip 02919
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 30 Exchange Terrace			
City/Town Providence		State RHODE ISLAND	Zip 02903
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 RAVI PATEL			Date 10.25.2021
Signature of Authorized Person of the Limited Liability Company 			

RECEIVED
DEPT. OF STATE
BUS SVCS DIV
2021 OCT 26 PM 12:15

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 12:19
OCT 26 2021
BY 