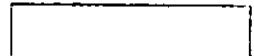




State of Rhode Island

Department of State - Business Services Division



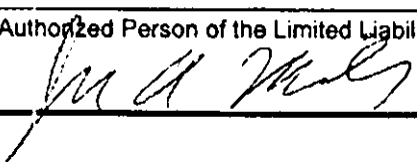
Statement of Change of Office

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 1671022		2. Exact Name of the Limited Liability Company 426 Smith Street Realty, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 426 Smith Street			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 400 Lincoln Avenue			
City/Town Warwick		State RHODE ISLAND	Zip 02888
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) _____			
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 Jon A. Mills			Date 11/22/2021
Signature of Authorized Person of the Limited Liability Company 			

9:15

FILED

NOV 22 2021

BY 

2021 NOV 22 AM 9:15

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION
FORM 042A - Revised 08/2020