



State of Rhode Island

Department of State - Business Services Division

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**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<br><b>000131476</b>                                                                                                                                                                          |                              | 2. Exact Name of the Limited Liability Company<br><b>86 Pierce Street LLC.</b> |      |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State                                                                                           |                              |                                                                                |      |
| Street Address <b>5 SPRUCE STREET, APT. 3</b>                                                                                                                                                                    |                              |                                                                                |      |
| City/Town<br><b>WESTERLY</b>                                                                                                                                                                                     | State<br><b>RHODE ISLAND</b> | Zip<br><b>02891</b>                                                            |      |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                              |                                                                                |      |
| Street Address ( <b>NOT</b> a P.O. Box) <b>182 DIAMOND HILL ROAD</b>                                                                                                                                             |                              |                                                                                |      |
| City/Town<br><b>ASHWAY</b>                                                                                                                                                                                       | State<br><b>RHODE ISLAND</b> | Zip<br><b>02804</b>                                                            |      |
| 5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |                              |                                                                                |      |
| <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<br><b>ERIC SAINT</b>                                                                                                                                  |                              |                                                                                | Date |
| Signature of Authorized Person of the Limited Liability Company<br>                                                                                                                                              |                              |                                                                                |      |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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DEC 01 2021

BY AA 12:59 p.m.



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:

December 01, 2021 12:59 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

