



State of Rhode Island

Department of State - Business Services Division

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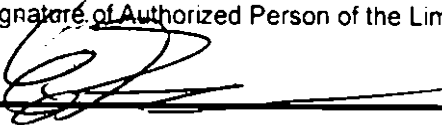
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Statement of Change of Office

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 000131476		2. Exact Name of the Limited Liability Company 86 Pierce Street LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address 5 SPRUCE STREET, APT. 3			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 182 DIAMOND HILL ROAD			
City/Town ASHWAY		State RHODE ISLAND	Zip 02804
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 ERIC SAINT			Date
Signature of Authorized Person of the Limited Liability Company 			

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

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BY AA 12:59 p.m.