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Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV. 2022 MAR 28 PM 2:21

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

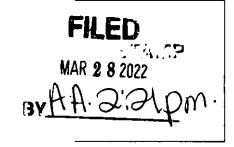
•	RIGL <u>7-16-11</u> the undersigned li	, , ,	• • • • • • • • • • • • • • • • • • •
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001719670	Alani Seltzer LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ONE RICHMOND SQUARE, SUITE 125B			
City/Town Providence		State RHODE ISLAND	Zip 02906
4. The address of the NEW resident office is:			
Street Address (NQT a P.O. Box) 47 Wood Ave. Suite 2			
City/Town Barrington		State RHODE ISLAND	Zip 02806
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			Date
Candace L. Moon, Esq.			03/22/2022
Signature of Authorized Person of the Limited Liability Company Mallict V			

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:

March 28, 2022 02:21 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

