



State of Rhode Island

Department of State - Business Services Division


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S.T.A.
2022 MAR 28 PM 2:21

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 001719670		2. Exact Name of the Limited Liability Company 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 (NOT 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			
<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) _____			
<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 Candace L. Moon, Esq.		Date 03/22/2022	
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
MAR 28 2022
BY AA. 2:21pm.