2022 APR -6 A 11: 39



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of R following statement for the pur	IIGL <u>7-16-11</u> the undersigned to Dose of changing its resident of	imited fiability company submi office ONLY in the State of Rh	ode
1. Entity ID Number	Exact Name of the Limited Liability Company		
(0) 17 117 67 284 (ass			
3. The address of the residen	office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address	ass are		
City/Town Wans ocket		State RHODE ISLAND	Zip 02895
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
City/Town U0	onsocket	RHODE ISLAND	Zip 02891
5. Date when this Statement	of Change of Resident Office w	ill be effective: CHECK ONE	BOX ONLY
Date received (Upon filin			
Later effective date (Date	e must be no more than 90 day	s from the date of filing)	
Under penalty of perjury, I de Limited Liability Company, an	clare and affirm that I have exa d that all statements contained	mined this Statement of Char I herein are true and солгесt.	nge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Contry Napa			4-6-22
Signature of Authorized Person	on of the Limited Plability Comp	pany	
	Y Bull		

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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FORM 642A - Revised 12/2021

RI SOS Filing Number: 202214209060 Date: 4/6/2022 11:41:00 AM



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:

April 06, 2022 11:41 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

