



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 MAY 18 P 3:07

Statement of Change of Specified Office and/or Registered Agent

DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13-4 the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of Rhode Island

1. Entity ID Number 94568	2. Exact Name of the Limited Partnership GILBERT AND SARAH ALMEIDA FAMILY LIMITED PARTNERSHIP	
3. The address of the specified office at which shall be kept the records required by RIGL 7-13-5 to be maintained as PRESENTLY shown in the records on file with the RI Department of State (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):		
Street Address 1445 WAMPANOAG TRIL, SUITE 115		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02915
4. The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):		
Street Address (<u>NOT</u> a P.O. Box) 1445 WAMPANOAG TRIL, SUITE 115		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02915
5. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address GAEBE & KEZIRIAN, 1445 WAMPANOAG TRIL, SUITE 115		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02915
6. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: DANA H. GAEBE, ESQ.		

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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BY MRH7E
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7. The address of the NEW registered agent is:		
Street Address (<u>NOT</u> a P.O. Box) 1445 WAMPANOAG TRAIL, SUITE 115		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02915
8. The name of the NEW registered agent is: ALLISON ROCK, ESQ.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Specified Office and/or Registered Agent by the Limited Partnership, and that all statements contained herein are true and correct.</i>		
Name of a General Partner of the Limited Partnership LISA M. SIENKIEWICZ, TRUSTEE		Date 5-18-22
Signature of General Partner of the Limited Partnership 		