



State of Rhode Island

## Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

STAMP

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

2022 OCT 21 PM 12:22

—&gt; 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<br>1718988   |                       | 2. Exact Name of the Limited Liability Company<br>Beach Avenue, LLC |                    |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:   |                       |   |                    |
| Street Address<br>144 Wayland Avenue   |                       |   |                    |
| City/Town<br>Providence  | State<br>RHODE ISLAND | Zip<br>02906  |                    |
| 4. The address of the NEW resident office is:  |                       |   |                    |
| Street Address (NOT a P.O. Box)<br>211 Quaker Lane, Suite 201  |                       |   |                    |
| City/Town<br>West Warwick  | State<br>RHODE ISLAND | Zip<br>02893  |                    |
| 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY   |                       |   |                    |
| <input type="checkbox"/> Date received (Upon filing)   |                       |   |                    |
| <input checked="" type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) 10/24/2022  |                       |   |                    |
| 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<br>Orson and Brusini Ltd.   |                       |   | Date<br>10/21/2022 |
| Signature of Authorized Person of the Limited Liability Company<br>  |                       |   |                    |

FILED

12:22

OCT 21 2022

BY KS

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

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:

October 21, 2022 12:22 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

