



State of Rhode Island

Department of State - Business Services Division

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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 <b>321909</b>		2. Exact Name of the Limited Liability Company <b>WEST RUSSE REALTY, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>144 Wayland Avenue</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02906</b>	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>211 Quaker Lane, Suite 201</b>			
City/Town <b>West Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02893</b>	
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) <u><b>10/24/2022</b></u>			
<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 <b>Orson and Brusini Ltd.</b>			Date <b>10/21/2022</b>
Signature of Authorized Person of the Limited Liability Company 			

FILED 3:11  
OCT 21 2022  
BY KS

MAIL TO:  
Division of Business Services  
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