



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

—&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><b>1723163</b>  |                           | 2. Exact Name of the Limited Liability Company<br><b>Wind Energy Development Holdings IV, 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<br><b>144 Wayland Avenue</b>  |                           |   |                           |
| City/Town<br><b>Providence</b>   | State <b>RHODE ISLAND</b> | Zip<br><b>02906</b>   |                           |
| 4. The address of the <b>NEW</b> resident office is:   |                           |   |                           |
| Street Address (NOT a P.O. Box)<br><b>211 Quaker Lane, Suite 201</b>   |                           |   |                           |
| City/Town<br><b>West Warwick</b>   | State <b>RHODE ISLAND</b> | Zip<br><b>02893</b>   |                           |
| 5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>  |                           |   |                           |
| <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>  |                           |   |                           |
| 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><b>Orson and Brusini Ltd.</b>  |                           |   | Date<br><b>10/21/2022</b> |
| Signature of Authorized Person of the Limited Liability Company<br><i>[Handwritten Signature]</i>  |                           |   |                           |

## 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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OCT 21 2022

BY *[Signature]*



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 03:11 PM

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

Nellie M. Gorbea  
*Secretary of State*

