



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS. DIV.
2022 OCT 21 PM 3:07

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 312099 | | 2. Exact Name of the Limited Liability Company THE WATERMAN & GANO GROUP LLC. | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 144 Wayland Avenue | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02906 |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 211 Quaker Lane, Suite 201 | | | |
| City/Town West Warwick | | State RHODE ISLAND | Zip 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 Orson and Brusini Ltd. | | | Date 10/21/2022 |
| Signature of Authorized Person of the Limited Liability Company | | | |

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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FILED
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BY