



State of Rhode Island

Department of State - Business Services Division

RECEIVED 10/24/22  
R.I. DEPT. OF STATE  
BUS SVCS DIV

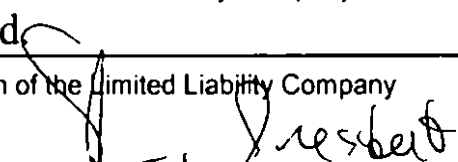
2022 OCT 21 PM 3:06

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<br><b>761630</b>   | 2. Exact Name of the Limited Liability Company<br><b>Tartan Farms, 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 NEW 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: 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) <b>10/24/2022</b>   |  |                           |
| 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>   |  |                           |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 3:05  
OCT 21 2022  
BY 