



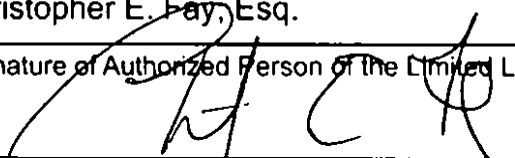
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2022 NOV 16 PM 2:22

**Statement of Change of Manager's Address**  
 DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number <b>150938</b>		2. Exact Name of the Limited Liability Company <b>Ancris LLC</b>	
3. The name and address of the manager as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Name of Manager <b>Christopher E Fay, Esq.</b>			
Street Address <b>917 Reservoir Avenue</b>			
City/Town <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
4. The <b>NEW</b> address of the manager is:			
Street Address <b>445 Reservoir Avenue</b>			
City/Town <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
5. Date when this Statement of Change of Manager's Address will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Manager's Address 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>Christopher E. Fay, Esq.</b>			Date <b>11/14/22</b>
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

**FILED**

**NOV 16 2022**

BY 