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State of Rhode Island

Department of State - Business Services Division

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2023 JAN -5 PM 12: 03

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the pur			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001674721	HWC PORTSMOUTH LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3030 EAST MAIN ROAD			
City/Town PORTSMOUTH		State RHODE ISLAND	^{Zip} 02871
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 3030 EAST MAIN ROAD			
City/Town PORTSMOUTH		RHODE ISLAND	^{Zip} 02871
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
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			Date
CHRISTOPHER SEVERO			01/04/2023
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 FILEDMP

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BY 2437

FORM 642A - Revised: 12/2021

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I, GREGG M. AMORE, 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:

January 05, 2023 12:05 PM

Gregg M. Amore Secretary of State

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