



1.11.

2023 FEB 22 PM 3: 44

Statement of Change of Office
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident o	imited liability company submi ffice ONLY in the State of Rho	ts the ode
1. Entity ID Number 001 + 25 + 81	2. Exact Name of the Limited Liability Company		
	D Investments LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address, \$690 Warrington St City/Town Provide 418 PT State RHODE ISLAND Zip 02907			n St
City/Town Providence, RI		State RHODE ISLAND	Zip 02907
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 61 Warrington &			
City/Town Providence		State RHODE ISLAND	Zip 02907
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 de Limited Liability Company, an	clare and affirm that I have exa d that all statements contained	mined this Statement of Chan I herein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date /
Car dry Her Merical			Date 2/10/2023
Signature of Authorized Person of the Limited Liability Company			
t white			

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** 

FEB 22 2023

FORM 842A - Revised: 12/2021