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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			· · · · · · · · · · · · · · · · · · ·
Entity ID Number	2. Exact Name of the Limited Liability Company		
001682828	DM NEWPORT PROPERTIES LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 10 RUSSELL AVENUE			
NEWPORT		State RHODE ISLAND	^{Zip} 02840
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 35 Powel Ave			
City/Town Newport		RHODE ISLAND	^{Zip} 02840
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
Natalie Kahalani			02/01/2023
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 FILED STAMP MAR 09 2023

BY SN&JN

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:

March 09, 2023 01:02 PM

Gregg M. Amore Secretary of State

Treg M. Coure

