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No. and Street: <u>16800 GREENSPOINT PARK DR.</u> SUITE 300	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
SUITE 300	Contact Name:	Contact Title:	
	No. and Street:		
	City or Town:		

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of April, 2023 at 7:20:24 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>HEATHER BUSH</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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