



State of Rhode Island
Department of State - Business Services Division

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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 001725679		2. Exact Name of the Limited Liability Company Shiloh Realty, LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager STEPHEN M. BRUSINI			
Street Address 144 WAYLAND AVENUE			
City/Town PROVIDENCE	State RI	Zip 02906	
4. The NEW address of the manager is:			
Street Address 211 Quaker Lane, Suite 201			
City/Town West Warwick	State RI	Zip 02893	
5. Date when this Statement of Change of Manager's Address will be effective: CHECK ONE BOX ONLY			
<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 STEPHEN M. BRUSINI		Date 5/8/23	
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

MB FILED 1222
MAY 09 2023
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BY _____