



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 16 P 2:03

Statement of Change of Office

DOMESTIC or FOREIGN CORPORATION

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island:

1. Entity ID Number 001747203		2. Exact Name of the <u>corporation</u> CRANBERRY CONSTRUCTION MANAGEMENT CORPORATION	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 9 CLUB DRIVE			
City/Town CUMBERLAND	State RHODE ISLAND	Zip 02864	
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 10 RAILROAD STREET			
City/Town SLATERSVILLE	State RHODE ISLAND	Zip 02876	
5. Date when this Statement of Change of Resident Office 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) _____			
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 <u>corporation</u> PETER BADEJO		Date 10/6/23	
Signature of Authorized Person of the <u>corporation</u> <i>Peter Badejo</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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