



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
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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<br>001747203  |  | 2. Exact Name of the <b>corporation</b><br>CRANBERRY CONSTRUCTION MANAGEMENT CORPORATION |           |
| 3. The address of the resident office as <b>PRESENTLY</b> 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 <b>NEW</b> resident office is:  |  |  |           |
| Street Address (NOT 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: <b>CHECK ONE BOX ONLY</b>   |  |  |           |
| <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 Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.</i> |  |  |           |
| Name of Authorized Person of the <b>corporation</b><br>PETER BADEJO   |  | Date<br>10/6/23  |           |
| Signature of Authorized Person of the <b>corporation</b><br><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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