RI SOS Filing Number: 202342561980 Date: 11/1/2023 1:54:00 PM



State of Rhode Island **Department of State - Business Services Division**

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow No Filing Fee

•	RIGL <u>7-16-11</u> the undersigned limited liability company submits the pose of changing its resident office ONLY in the State of Rhode Island:	:	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		

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1. Entity ID Number	2. Exact Name of the Limited Liability Company					
000084333	East Providence Renalty Associates, LLC					
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:						
Street Address 155 South Main Street, Suite 100						
City/Town Providence		State RHODE ISLAND	^{Z_{ip}} 02903			
4. The address of the NEW resident office is:						
Street Address (NOT a P.O. Box) c/o Marcum LLP, 100 Westminster Street, Suite 500						
City/Town Providence		RHODE ISLAND	^{Z_{ip}} 02903			
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)						
	leclare and affirm that I have exa and that all statements contained		ge of Resident Office by the			
Name of Authorized Person of the Limited Liability Company			Date			
Thomas E. Lisi			10/31/2023			
Signature of Authorized Per	son of the Limited Liability Comp	pany				

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**

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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:

November 01, 2023 01:54 PM

Gregg M. Amore Secretary of State

Treg M. Coure

