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City or Town: LINCOLN State: RI Zip: 02865 Country: USA	5. Principal Office Addr	ress		
	No. and Street: 650 GE	O. WASHINGTON HWY. SUITE 200		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	City or Town: <u>LINCO</u>	<u>ULN</u> State: <u>RI</u> Zip: <u>028</u>	865 Country: USA	
, , , , , , , , , , , , , , , , , , ,				
Contact Name: <u>JOSEPH RAHEB, ESQ.</u> Contact Title: No. and Street: <u>650 GEO. WASHINGTON HWY. SUITE 200</u>				
City or Town: LINCOLN State: RI Zip: 02865Country: USA			865Country: USA	
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
JOSEPH RAHEB, ESQ. 650 GEORGE WASHINGTON HIGHWAY, SUITE 201 LINCOLN , RI 02865				

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

Signed this 7 Day of February, 2024 at 1:03:29 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 JOSEPH RAHEB

Signature of Authorized Person

Form No. 632 Revised 09/07

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