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7	State of Rhode Island
	Department of State - Business Services Division
1	Debatations of Comma - Propinger Cot vices Division

REC'D RIDOS BSD '24 FEB 8 AM9:01:16

Designation of Registered Agent/Office DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the	provisions of RIGI	7-13.1-118 or 7-12	1-809 the unders	ioned partners	hin submits
		pose of designating			
Dhada leland	,				

1. Entity ID Number	2. Exact Name of the Partnership					
49107	CENTERDALE MANOR ASSOCIATES					
3. The address of the reg	istered office is:					
Street Address (NOT a P.O. 4060 POST RO						
CHy/Town WARWICK	State	RHODE ISLAND	Zip 02886			
4. The name of the registe	red agent is:					
O'LEARY MURP	HY, LLC					
	; I declare and affirm that I have examine Il statements contained herein are true a		signation of Registered Office by			
lame of a General Partne	Date					
PAUL J. TRYDI	ER		2/7/24			
ignature of the a General	Partner or Authorized Representative					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040 Website: www.scs.rl.gov FILED 9:0

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