



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

REC'D  
2.1. SEPT  
BUS SVS

2024 FEB 14 1:59

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

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 <u>00721745</u>		2. Exact Name of the Limited Liability Company <u>Waco Realty LLC</u>	
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 <u>9 Ferncrest drive</u>			
City/Town <u>Johnston</u>		State <b>RHODE ISLAND</b>	Zip <u>02919</u>
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <u>15 Putnam ave</u>			
City/Town <u>Cranston</u>		State <b>RHODE ISLAND</b>	Zip <u>02926</u>
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) _____			
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 Limited Liability Company <u>Christopher Marchetti</u>			Date <u>2-9-24</u>
Signature of Authorized Person of the Limited Liability Company <u>[Signature]</u>			

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)**FILED  
STAMP**

FEB 14 2024

SECRETARY OF STATE  
USE ONLYBY [Signature]

1:59



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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:

February 14, 2024 01:59 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

