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State of Rhode Island
Department of State - Business Services Division

Statement of Change of Manager's Address / Updated Name

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address ***ONLY.*** This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number	2. Exact Name of the Limited Liability Company
001716085	10 Dickinson Avenue, LLC

3. The name and address of the manager as **PRESENTLY** shown in the records on file with the RI Department of State:

Name of Manager		
Michele L. Caprio		
Street Address		
59 Rector Street		
City/Town	**State**	**Zip**
East Greenwich	RI	02818

4. The **UPDATED NAME** of the manager is: Michele L. Brais

Street Address		
59 Rector Street		
City/Town	**State**	**Zip**
East Greenwich	RI	02818

5. Date when this Statement of Change of Manager's Address 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) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.

Name of Authorized Person of the Limited Liability Company	Date
Michele L. Brais	2/28/2024 | 10:30 PM PST

Signature of Authorized Person of the Limited Liability Company

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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