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State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS 85D 24 198 27 AMS:441

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> 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. Catity ID North an	0 5 N 645 - 1 5 to d	41.4.994	
Entity ID Number	2. Exact Name of the Limited Liability Company		
163048	MAL MANAGEMENT GROUP, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 132 OLD RIVER ROAD, STE. 205			
City/Town LINCOLN		State RHODE ISLAND	^{Zip} 02865
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 85 DOUGLAS PIKE, STE. 200			
City/Town SMITHFIELD		RHODE ISLAND	^{Zip} 02917
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)			
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			Date
SUSAN GERSHKOFF			03.27.2027
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 MAR 27 2024

BY 5 . .

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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:

March 27, 2024 09:44 AM

Gregg M. Amore Secretary of State

Treg M. Coure

