



State of Rhode Island  
Department of State - Business Services Division

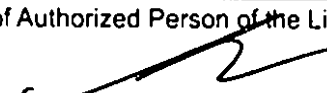
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## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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<br><b>163048</b>                                                                                                                                                                                    |  | 2. Exact Name of the Limited Liability Company<br><b>MAL MANAGEMENT GROUP, LLC</b> |                           |
| 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 <b>132 OLD RIVER ROAD, STE. 205</b>                                                                                                                                                                      |  |                                                                                    |                           |
| City/Town <b>LINCOLN</b>                                                                                                                                                                                                |  | State <b>RHODE ISLAND</b>                                                          | Zip <b>02865</b>          |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                                    |  |                                                                                    |                           |
| Street Address ( <b>NOT</b> a P.O. Box) <b>85 DOUGLAS PIKE, STE. 200</b>                                                                                                                                                |  |                                                                                    |                           |
| City/Town <b>SMITHFIELD</b>                                                                                                                                                                                             |  | State <b>RHODE ISLAND</b>                                                          | Zip <b>02917</b>          |
| 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) _____                                                                                                         |  |                                                                                    |                           |
| <i>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.</i> |  |                                                                                    |                           |
| Name of Authorized Person of the Limited Liability Company<br><b>SUSAN GERSHKOFF</b>                                                                                                                                    |  |                                                                                    | Date<br><b>03.27.2024</b> |
| Signature of Authorized Person of the Limited Liability Company<br>                                                                  |  |                                                                                    |                           |

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)

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MAR 27 2024

BY S. J.