



REC'D RIDOS BSD
24 APR 16 PM 12:11:40



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 000796696		2. Exact Name of the Limited Liability Company LEGACY 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 250 Chestnut Dr.			
City/Town East Greenwich	State RHODE ISLAND	Zip 02818	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 10 Spring Garden St.			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<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 Kevin Hopkins			Date 4-16-24
Signature of Authorized Person of the Limited Liability Company 			

FILED

APR 16 2024
BY **AA** 12:11pm

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov