



State of Rhode Island  
Department of State - Business Services Division

## 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.

REC'D RIDOS BSD  
24 APR 17 PM 1:11:58

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

|                                                                                                                                                                                                                  |                              |                                                                       |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------|-------------------------|
| 1. Entity ID Number<br><b>001713334</b>                                                                                                                                                                          |                              | 2. Exact Name of the Limited Liability Company<br><b>VAL-GIN, 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>50 Park Row West, Suite 111</b>                                                                                                                                                                |                              |                                                                       |                         |
| City/Town<br><b>Providence</b>                                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</b>                                                   |                         |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                              |                                                                       |                         |
| Street Address (NOT a P.O. Box) <b>Vieira &amp; DiGianfilippo Ltd., 50 Park Row West, Suite 107</b>                                                                                                              |                              |                                                                       |                         |
| City/Town<br><b>Providence</b>                                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</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) _____                                                                                                  |                              |                                                                       |                         |
| 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<br><b>Patricia J. Moreau, Manager</b>                                                                                                                 |                              |                                                                       | Date<br><b>3/4/2024</b> |
| Signature of Authorized Person of the Limited Liability Company<br><i>Patricia J. Moreau, Manager</i>                                                                                                            |                              |                                                                       |                         |

### MAIL TO:

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

**FILED**

**STAMP**

APR 17 2024

BY *ML* FOR  
SECRETARY OF STATE  
USE ONLY



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:

April 17, 2024 01:11 PM

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

Gregg M. Amore  
*Secretary of State*

