





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: 1. Entity ID Number 2. Exact Name of the Limited Liability Company 001716672 36-38 BAYBERRY, LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State Street Address 50 Park Row West, Suite 111 City/Town Providence ^{Zip} 02903 **RHODE ISLAND** 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) Vieira & DiGianfilippo Ltd., 50 Park Row West, Suite 107 State City/Town 02903 Providence **RHODE ISLAND** 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 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 APR 24 2024

FILED 1:45

RI SOS Filing Number: 202452587760 Date: 4/24/2024 1:45:00 PM



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 24, 2024 01:45 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

